PROCEEDINGS

OF THE

NINTH CONVENTION

OF THE

EASTERN CONFERENCE OF HOME TEACHERS

HOTEL ST. GEORGE

BROOKLYN, N. Y.

SEPTEMBER 4 TO 7, 1940

PRICE $2.00

AMERICAN FOUNDATION
FOR THE BLIND INC.

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HOME teaching began when sympathetic neighbors first tried to show a blind person how to dress himself. It became a philanthropy when the accessibility of embossed literature gave a specific incentive to the altruism of volunteer teachers. It became a systematic service when organized society engaged specialists to visit blind persons in their homes and teach them how to reconcile and adjust themselves to the baffling affliction of blindness.

—*Calvin S. Glover*

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Editor's Note: Throughout the book, the names of blind persons will be starred.

FOREWORD

THE ninth convention of the Eastern Conference of Home Teachers was held at the St. George Hotel in Brooklyn, N. Y., September 4 to 7, 1940, with the Association for Improving the Condition of the Poor, the Brooklyn Bureau of Charities, and the Industrial Home for the Blind as the entertaining organizations, and Francis J. Mack as chairman of the local entertainment committee. Seventy eight delegates from eight states and one British dependency were registered. The hospitality extended by the staffs of the Brooklyn agencies was exceptionally cordial and complete, and included afternoon visits to the rooms of the A. I. C. P. and the Industrial Home, and inspection of the workshop at each of these organizations, followed in each instance by an informal reception and tea. The Marie Bloede Club for Blind Girls presented two plays, "Never Too Old" and "Consolation", the evening of September 6, at the auditorium of the Brooklyn Bureau of Charities, with conference members as invited guests.

At the opening session, Wednesday evening, September 4, the invocation was delivered by the Rt. Rev. Msgr. J. Jerome Reddy, Director of Catholic Charities, Borough of Brooklyn, with an address of welcome by the Hon. John Cashmore, President of the Borough of Brooklyn, to which the president of the conference, Mrs. Gladys Bolton Stevens of Plainville, Mass., responded. There were also welcoming remarks by Edward S. Molineaux of the A.I.C.P., Miss M. Roberta Townsend of the Bureau of Charities, and Peter J. Salmon of the Industrial Home. Short addresses were given by Walter G. Holmes of Monsey, N. Y., Dr. Edward E. Allen of Cambridge, Mass., and Miss Grace S. Harper of New York City. The program was interspersed with piano selections by Miss Ruth Turner of St. Albans, N. Y. and vocal selections by Miss Ruth Wells of New York City.

ADDRESS OF WELCOME

*GLADYS BOLTON STEVENS

President of the Conferenee, and Home Teaeher for the Massachusetts Division of the Blind

Friends:—Once more we are met together to listen to the excellent program which our committee has arranged for us. This is our ninth meeting and at this time my thoughts go back over the years to the first meetings we held at Perkins. Our group was small in those days and the talks were quite informal and the discussion periods resembled round table talks. It was a real inspiration to us younger teachers to hear the stories and experiences of the teachers who were pioneers in the work. Now it appears we have outgrown the schools for the blind and so we must look to larger quarters for our meeting place. We seem to be very comfortably situated here in the St. George and our friends connected with the local agencies have certainly done everything in their power to make this conference a success.

It is such a privilege to have with us Dr. Allen who in the early days was responsible for our meetings, and we are happy to know that Dr. Burritt, Mr. Irwin and many other of our good friends are with us. Mr. Bramhall, the editor of our own Home Teacher magazine, has taken time out of his very busy life to meet with us and he is hoping to speak with each one of the home teachers here and I know those of us who may not be acquainted with Mr. Bramhall will enjoy meeting him. Our good friend Charles W. Holmes gave the magazine such a good start and now Mr. Bramhall is continuing the good work for us. I have found the Home Teacher a very real help and inspiration. Let us do all we can to cooperate with the editor by making constructive suggestions and contributing articles for the magazine.

Judging from the names appearing on our program we may assume that this will be the most interesting and helpful conference we have had. It will be a revelation to many of us to visit the local workshops and see how work for the blind can be run on a big scale. We have our exhibit of articles collected from the various states represented by our conference and let us take time between sessions to look these articles over, and most of them can be bought for samples and patterns at the close of these meetings.

Please, everyone, try to be here in this hall promptly for sessions; let us take part in discussion and question periods, let us get all the new ideas for handwork, and for presenting our subjects to our pupils, and in short all the good which may come to us through such a meeting.

HOME TEACHING PIONEERING IN PHILADELPHIA

DR. EDWARD E. ALLEN

Director Emeritus, Perkins Institution and Massachusetts School for the Blind

Home Teaching and Moon type were the twin children of a young divinity student named William Moon who said in later life: "God gave me blindness as a talent to be used for His glory. Without blindness I should never have been able to see the needs of the blind." He claimed too that these first fruits of his longing to serve his Maker had been given to him as the result of prayer. Who shall say that they were not? They have brought heavenly comfort to so many that their originator earned the right to be considered a world-wide missionary to the English-speaking blind. It is of his mission in America, how it began in Philadelphia, and how it grew there that I would tell you today.

Home teaching in England, where William Moon founded it, is only a little older than I am, though "I'm no chicken," as Mr. Chip says of himself to his boy visitor over cups of tea; and home teaching in the United States was but eight years young when I, who had hardly left boyhood behind, took charge of the Philadelphia institution, fifty years ago this month. I mention these facts both because of regret at not having met Dr. Moon, who died in 1894—for he had long been one of my heroes of the darkness—and because the Philadelphia school had been instrumental in starting our American pioneer home teaching society.

Mr. Battles, my predecessor there, told me, I think, that in the summer of 1881 he had visited Dr. Moon at his printing-house in Brighton, England, for advice as how to get the adult pupils of the Pennsylvania Institution to finger-read; and that, as a result, material in Moon type was sent across which some thirty of them learned to read within a single

week, to be followed up by Dr. Moon himself as guest of the then Principal Chapin. He had come there expressly to introduce his type and home teaching into this country. Meetings of influential and philanthropic citizens being immediately called, the Philadelphia Home Teaching Society was launched, first at the local Bible House and then at the school with Mr. Chapin in the chair. This was in 1882.

For a few years previously one John Rhoades, keeper of the Bible House, had been circulating, as a labor of love, weekly Bible lessons in line type and in New York point. Of course he eagerly added the books in Moon type which were promptly donated from England, becoming and remaining for sixteen years the chief promoter of their use. Presently a home teacher was employed and the noble service begun which continues to this day.

I remember Mr. Rhoades well; also Mr. Moore, his third home teacher. The latter was a blind man with a very long beard who, though soft-spoken, was persuasive. He persuaded me, already a braillist for the young, to be and to remain a Moonist for the more numerous self-pitying old, for whom finger-reading is the surest opening wedge to further accomplishment; and in due time I was elected a manager of the society.

Back in my London days I had seen Moon type put to a very different kind of use—the sidewalk reading aloud by blind men for pennies. Whenever these sitters heard footsteps approaching, their fingers began to sweep the books and their voices to repeat Scripture. Yes, finger-reading has ever appeared to the onlooker as wonderful. And many a seeing beggar for the blind has taken advantage of this fact—not a good example to blind people themselves, perhaps. Our Dr. Best, far-seeing champion of the blind and their cause, states that our work "remains in certain respects the last stronghold of the old conception of charity."

Probably some of you home teachers have handled the latest braille pamphlets from England—those whose sheets are loosely but well held together by modern spiral wire binding. The Moon books have always been made to lie open across the laps of their readers, the convenient and comfortable way, since a lap is one's own and always available, an important matter in small crowded homes. The other inducements for continued reading with a minimum of fatigue and impatience are the few long lines on the page rather than

the many short ones of the braille books made for desk reading; also the embossing according to the return-line principle, which alike saves muscular movement, helps keep the place, and alternates the reading sides of the finger, thus delaying numbness. Then, too, there are no perplexing contractions to be met with, so keeping the reading a pleasure rather than a task. I fancy the Moon books were made light, many of them in pamphlet form, because in the old days the home teachers and guides carried them between library and readers; also between pupil and pupil. Mr. Moore and his guide had to do that by street car and afoot in and about Philadelphia up to 1904, when our free mail carriage of raised type went into effect. Previously such books as were posted to distant borrowers had cost one cent for each two ounces, the readers being expected to pay return postage, at least.

Now it chanced that William Moon's son, Dr. Robert Moon, ophthalmologist, came in the 1880's to live and to practice in Philadelphia. At the death of Mr. Rhoades he became secretary of the little society and likewise helped along its growth and usefulness. His marrying into the Morris family, a very prominent Philadelphia family, also made friends for the society.

About the turn of the century, which was epochal in its general interest in the welfare of the adult blind, the Philadelphia Home Teaching Society's available shelf-room in the Bible society's library having become over-crowded with the accessioning of Moon books and swamped with their near and far circulation, it was arranged to have the Philadelphia Free Library open a department of embossed books and not only house but also circulate them. Thereafter the society focused its attention on home teaching, which was predominantly instruction in reading as pastime and for contemplation, the English idea of the service. The Moon books were still mostly of a religious nature, though relieved by some biography, history, travel, poetry, and an occasional bit of fiction.

It was at this period of the co-operation between the city and the society, which combination was called the Pennsylvania Home Teaching Society and Free Circulating Library for the Blind, that Miss Neisser enters the picture as its librarian. Eventually, as you know, she married the field officer of the Pennsylvania school, Liborio Delfino, and so added heart to head and soul in service to her finger-reading public. The team these two enthusiasts made, and what they accomplished together, has been told elsewhere. Wherever Mr.

Delfino had paid a visit the home teacher was immediately made welcome, which, as you know, is not always the case; and it was Mrs. Delfino who infused new life into home teaching itself. She persuaded individuals to give money for the stereotyping of new books. One season she had the happy thought of asking her many friends to pool the money intended for their usual Christmas gifts, giving it to her to be sent to England, to be returned to America as additional Moon fiction. This was a Christmas present indeed, all the country's regional public libraries for the blind, which were springing up after the example of Philadelphia, profiting by it. Philadelphia, the original American center for Moon books, remained the center for their yearly enrichment in stories, also for their importation; it may still be so. Anyway the United States quickly became the chief market for these books. Their circulation here increased by leaps and bounds; indeed, for years it far exceeded that of the four other embossed systems combined, including those in the point types taught in the schools. Thus you see that the relationship in the United States between home teaching and Moon type was and is alike, close and intimate. May it long continue to be so.

So much for our home teaching pioneering as begun in 1882. Forty-two years later, in 1924, Principal Burritt had his school at Overbrook pioneer towards lifting this important social service to the dignity of a profession; and he did this by opening there a two-year course in the training of home teachers. Twenty-three students from far and near have since taken this course, given in association with the Pennsylvania School of Social Work, twenty-two of whom are following its teachings somewhere. Naturally Principal Cowgill carries on. He announces that six students will be enrolled this autumn of 1940. Philadelphia claims that home teaching is potentially one of the very best means of service to the adults newly blinded, and that it should be made the most of.

Since writing this brief sketch I have received a letter from Miss Goldthwaite, for many years librarian of embossed books in the New York Public Library, part of which I shall quote as being both germane to my subject and timely. She writes:

"As you know, the Moon society, 104 Queens Road, Brighton, is the only source of Moon publications in the world, except the press of the Braille Institute which has added exactly twelve titles to the world's supply of Moon books, and the Ziegler Press which gets out only its maga-

zine, so I think a word or two about the conditions under which the work at Brighton is being carried on amidst the nuisance of air raids might add a touch of interest to your address.

"I have recently received a letter from Mr. Eagar, Secretary-General of the National Institute for the Blind, London. He writes under date of July 22 that 'Inasmuch as Brighton is on the coast it is in a sense in the front line, but, even if serious attempts are made on that seaside town, I have every reason to believe that the staff will continue at work without much regard for their personal safety and completely confident in the issue of the War. Only under a direct order to evacuate will we suspend our work or reduce our program of production. No such order is at present anticipated.'"

VOLUNTEER SERVICE FOR THE BLIND

*MARY I. CURRAN

Home Teacher, Massachusetts Division of the Blind

When our committee asked me to prepare and present a paper on this subject, I accepted with some qualms, hoping I should be able to do justice to a topic of such vast scope. And I am frank to confess that subsequent correspondence and research have strengthened my conviction of the enormity of the task I was to undertake. One fact I soon realized, however, was that, despite the troubled condition of almost the entire world at this time, in our own country, at least, there is still a good deal of the milk of human kindness, intelligent understanding, and a sincere desire to make life happier and more worth the living for the millions of under-privileged and less fortunate members of society. I am convinced, too, that, so far as the blind are concerned, this attitude of constructive helpfulness is quite general throughout the United States, due in large measure to the educational programs conducted by our national and state organizations for the blind.

But this volunteer service in behalf of our cause is not new. Were not those men and women who, more than a hundred years ago, conceived the idea of educating blind children and were responsible for the opening of schools for the blind

at Boston, New York and Philadelphia, volunteer pioneers of the highest order, embarking upon a new and humane venture? It was right and logical that the work for the blind should have begun with the education of blind children, thereby laying a foundation for that equally important and much larger task of caring for the adult blind. How firmly that early foundation was laid, and how well many of our blind men and women have justified the faith in their cause which those early friends of the blind held as a sacred trust, is well known to all of us and needs no further elaboration from me; except to reiterate that this phase of our work, in common with practically every other, owes its inception to some small group of far-sighted, clear-thinking people, who were confident that, given the chance, we could make good, and who left no stone unturned to give us that chance.

And so it was nearly seventy years after the opening of the three pioneer schools for the blind that we find our volunteer workers organizing themselves to champion the cause of the adult blind. For instance, at the beginning of the century the Massachusetts Association for Promoting the Interests of the Adult Blind, was established, and many and varied have been the projects which it has undertaken with outstanding success, which we will discuss later in detail. Simultaneously, other groups in other states were organizing to assist their local blind people, as well as smaller groups serving the blind of their cities. A great impetus was given the work after this country entered the World War. It was feared that many of the American soldiers would be blinded, and with the idea in mind of helping them, many patriotic groups interested themselves in the cause of the civilian blind, learning braille and familiarizing themselves with conditions, so that they might not be found lacking in knowledge of the needs of the blind when the boys returned from war. Fortunately, as we know, the number of those blinded as a result of the war was small; but the seeds of kindness have flourished and borne fruit to a degree far exceeding even the most optimistic expectations.

Research has shown me that some form of volunteer service is carried on in every state represented in this Conference. The volunteer worker can never take the place of the home teacher, especially where the newly blinded adult is concerned; for the kinship of blindness, when he recognizes it for the first time in the home teacher, often does more to stimulate his interest and curiosity and the will to go on than any other factor. However, after the home teacher has once im-

bued her pupil with the courage and ambition to achieve, there is almost no limit to the amount of good the right type of volunteer may do, to bring back that sense of normalcy and balance so nearly destroyed by the loss of sight.

Before discussing the different volunteer groups and the services they are so splendidly rendering throughout this section of the country, let us consider first those qualities most essential to a good volunteer worker, for after all, it is the individual workers who make up the organizations. As practically all of our work, with the exception of that done by the Lions Club and our church guilds, is carried on by women, following that old precept laid down by our elders, we shall consider "Ladies before Gentlemen."

Mrs. Smith thinks she would like to join a society, a local group, to help the blind. Just what motivates this desire? Is it because Mrs. Brown and Mrs. Jones and several other ladies of her bridge club are members, and because their names frequently appear upon the society page of the local paper in connection with this work for the blind, where Mrs. Smith would very much like to see her name? Or, is this desire born of a higher motive—a genuine interest and determination to help the blind of her community in any and every way, with no thought of reward other than the love and gratitude of those whose lot in life she is endeavoring to better? To the credit and intelligence of our American women, especially those with hours of leisure who make up the greater part of our volunteer associations, let me state that only individuals with the highest ideals and motives could have accomplished for our blind what these volunteer groups have done. If, at the outset there have been some whose chief reason for interesting themselves in our cause was one of self-aggrandizement, either their outlook has been changed by the example of those with whom they have worked and the lofty purpose of the work itself, or they have realized their own ineptitude and limitations in the work and have withdrawn from it gracefully.

Now what do we look for in a good volunteer worker? She must be genuinely interested in the work for its own sake. She must think of the blind people she is trying to help, not as a class, but as individuals, each having his or her own particular problem to solve. She must be sympathetic, without letting her sympathy get the best of her. She must be tactful, cheerful, informal though dignified; and a good worker will not only win the love and confidence of the blind mem-

ber of a family, but will endear herself to the entire family. We have all known of cases where this has happened, and where the sighted members of a family of a blind person have benefited as they never would have, but for a volunteer worker for the blind.

All groups working in the cause of the blind should work in close co-operation with their state organizations, and should be familiar with the work done by the American Foundation for the Blind. The local home teacher or field worker should work with them, for those of us who have local associations in our communities, know how much they can do to supplement our work with some of the things which we cannot do, some for lack of time and some for lack of funds. We will always find such groups open to suggestions, and whether or not an association fills the needs of its particular community depends largely upon the way the needs of that community are presented to it by the state worker or home teacher. So much for our local associations, made up almost entirely of the highest type of unselfish American womanhood.

It was indeed a fortunate decision for the work for the blind, when, more than fifteen years ago, Lions International chose to champion our cause. We all know what fine work it has done all these years. Then, too, I like the idea of these 100 per cent American gentlemen giving themselves so wholeheartedly to our work; giving a zest and making it seem so worthwhile. I am always glad when I hear of a city or state where the Lions Clubs are active, for I know that the blind in these communities are well looked after.

More recently our churches have rallied to our assistance with groups of volunteer workers, as evidenced by Jewish Guilds, Friendly Circles sponsored by different Protestant denominations, and Catholic Guilds for the Blind in the Boston, Hartford, and Buffalo dioceses. These church groups, in addition to ministering to the material needs of our people, can do much to uplift their spiritual condition. Our blind people have much time for introspection—sometimes far too much, when that introspection is warped or misguided; and these groups have done a splendid work in stabilizing the lives of those who sat in spiritual as well as physical darkness.

Now that we have lined up our volunteer workers, let us ask, "What have they done to justify their existence, and what are they doing now, and where?" Mr. MacEnnis Moore, of the American Foundation for the Blind, who is familiar with

this type of work and who is to lead the discussion of this subject, will tell you of the work that is being done in New York State and perhaps one or two other sections that I have been unable to contact. I shall try to give you an idea of some of the work that is carried on in New England.

In Massachusetts at the present time, we have between twenty-five and thirty associations, clubs, and circles doing volunteer work. The oldest one in point of service and the one that has achieved the most outstanding successes is, as I have mentioned earlier, the Massachusetts Association for Promoting the Interests of the Adult Blind, which was founded by a group of Bostonians in 1903. There is no line of work for the advancement of the blind that this group has not pioneered in: Employment, recreation, financial help in the form of gifts and loans, legislation concerning prevention of blindness, and finally the legislation that resulted in the establishment of the State Commission for the Blind, now known as the Massachusetts Division of the Blind. As an employment experiment, the Woolson House Industries were started, where a few blind women were employed sewing, weaving, and caning chairs. The Massachusetts Association operated this shop until it was taken over by the state organization. A later employment venture has been the Experimental School in Boston, which the association still operates. The Woolson House is given over to vacation purposes during the month of July or August, and many women come from all parts of the state to enjoy a pleasant week there. The Rogers House in South Boston, founded in 1916, serves as a social center the year round, as well as a vacation house for men from all parts of the state for six months of the year. The Loan and Aid Committee of this association makes gifts and loans amounting to between $5000 and $6000 annually, and it costs the association about $20,000 to care for all its activities.

Another volunteer group was a committee of interested Worcester people, who banded together to equip and maintain in Worcester a home for blind women, known as Memorial Homes for the Blind. This home accommodates thirteen or fourteen blind women, and the care and kindness shown these people, many of them in their declining years, is something, the very thought of which would warm your heart. Two other cities in Massachusetts where volunteer work has been carried on for more than thirty years are Springfield and New Bedford. In both instances, the interest in our work was stimulated by two illustrious citizens, home teachers both of

them, namely, Miss Mary Grieve of New Bedford and Mr. Edward Schuerer of Springfield. Both were members of civic groups, and not only by word of mouth but also by example and actions they brought home to the members of their clubs the worthwhileness of improving the condition of the blind of their cities. These groups, together with similar ones in other cities, sponsor reading circles, sewing circles, and social gatherings, some meeting every week, some every two weeks, and some once a month. Each group has its Christmas party and its summer picnic. The number and efficiency of these groups is being increased all the time.

In Worcester, my home city, we have a very efficient association which does much to help the blind of our entire county, sponsoring a weekly sewing circle, periodic sales throughout the county, and giving vacations in the country to those in need. Our group is much interested in the work of the National Braille Press, and in common with many others, has been very generous towards this enterprise. Other cities having volunteer service include Fall River, Lowell, Lawrence, Haverhill, Melrose, Attleboro, Cambridge, and Taunton. At the time of our annual spring sale in Boston, and on one or two occasions when we have held sales in Worcester, volunteer groups have come in and have practically taken over the salesroom, a different group serving each day, and by this means, bigger and better sales have resulted.

Lions Clubs in many cities are doing a splendid work, Camp Allen being one sample of their diligent and thorough service. I am sure you all recall the splendid talks given this conference two years ago when we met at Perkins Institution, by a member of the Boston Lions Club and by Father Connolly of the Catholic Guild for the Blind. The work of both these agencies is expanding steadily, to care for more and more blind people in more and more ways. One very pleasant aspect of this expanding service is that it now, much more than formerly, includes our blind men; for I sometimes feel that they are left out of things which is doubly hard for them who formerly led such active and useful lives.

In Rhode Island, the Lions Club and the wives of the Lions do an immeasurable amount of good such as supplying medical care, glasses, artificial eyes, vacations when needed, assisting in education, helping with sales, both in the finishing and selling of the articles, and doing the thousand little things the paid worker would do, if she only had the time, and sometimes the money.

This paper would not be complete without mentioning those volunteer transcribers for the Red Cross, who, by brailling patterns, recipes, religious books of all creeds, and many other splendid books for individual and general use, bring so much happiness into so many lives.

We all know how Mr. Holmes has sponsored the Friendship Leagues, and I think I express the sentiments of all present, when I say that if Mr. Holmes sponsors or endorses them, that is ample proof for me that they are worth encouraging.

In the foregoing, I have tried to show you the variety of ways in which the good people of this section of our country are rallying to the help of the blind. There is still much to be done—room for many more reading, sewing, and friendly circles; much still to be accomplished by our Friendship Leagues. But the untiring energy and enthusiasm of those already enlisted in the service of our cause, are a guarantee that this work will spread throughout the nation, increasing in scope and quality of service rendered, to the ultimate end that the blind people of this country, regardless of race, color, or creed, may live fuller, more useful, and happier lives.

DISCUSSION

MACENNIS MOORE

Field Representative, American Foundation for the Blind

Among the stimulating statements made by Miss Curran in her paper, I particularly want to remind you of this one.

The volunteer worker can never take the place of the home teacher, especially where the newly-blinded adult is concerned. The kinship of blindness, when recognized for the first time in the home teacher, often does more to stimulate his interest and curiosity and the will to go on, than any other factor. However, after the home teacher has once imbued her pupils with the courage and ambition to achieve, there is almost no limit to the amount of good the right type of volunteer may do to bring back that sense of normalcy and balance so nearly destroyed by the loss of sight.

There are always at least three sides to the problem of volunteer service: the needs of those blind persons who are to be helped; the qualifications of the volunteers themselves; and the agency in a position to work with volunteers, so that their service will be constructive. A word will be said on each of these aspects.

The blind, like all other people, are individuals. Their blindness does not make them alike. Degrees of independence and dependance vary greatly in the blind as in the seeing. Just because a person is blind, it does not necessarily follow that he needs or wants assistance from an agency or an individual. Furthermore, most blind people are a part of a family. Therefore, the problem occasioned by their blindness does not exist in a vacuum. Any service by an agency or by volunteers must be related to the total situation in a given family. Volunteers should always realize that they are not the first who may have become interested in any given blind person. What has gone before is of prime importance and usually this is known to the agency in touch with the blind person.

To be a successful volunteer involves more than "good intentions," and more than merely money. Any group or individual that merely signs a check, tends to lose interest in the service itself. Paying for a specific service for a specific blind person may be quite different and may often be combined effectively with volunteer work.

Volunteers owe it to the blind, as well as to the agencies with which they work, to be reliable, regular, and prompt. Keen disappointments to the blind have resulted from a "last-minute" cancellation of an engagement by a seeing person. Any confidences the blind may give must be respected. Volunteers working with agencies become a part of these agencies and must be willing to accept direction and to conform to the accepted standards and ethics of work for the blind.

Before an agency accepts volunteers, it should know that it can give them work to do which is worth doing. Many volunteers have been lost to various fields of social work by their having been reduced to mere "flunkies." While it is true that not all volunteers can do all things, yet it is also true that most of them recognize their own limitations and know that they cannot expect to do the same things as are required of the professional staff. Interviews before a volunteer begins work, followed by competent supervision on the part of the

agency, will save a great deal of misunderstanding. Volunteers are individuals, too. Therefore they enter work for the blind with varying capabilities. Agencies should be prepared to reward competent volunteer service with more responsibility—if that is what the volunteer wants.

Home teachers can have a real influence with volunteers in helping to direct their energies. Too often we find that the first thing volunteers want to do is bring groups of blind people together and give them a party. Blindness, alone, is seldom a basis for social contacts. While it takes more time and imagination, it certainly means a great deal more to individual people if volunteers help to make it possible for them to do the things they would like to do (going to church, going to club meetings, going to lodge, etc.) rather than limiting social contacts to groups of blind people.

Herding a group of blind people to a concert is another pastime of some people. How much better it would be—and again the home teachers can help—if people had imagination, thoughtfulness, and common sense, to make the price of two tickets available to individual blind people so they can buy tickets and go sit where and with whom they like.

VOCATIONAL GUIDANCE FOR THE BLIND

*BENJAMIN BERINSTEIN

Chairman of the Vocational Guidance Committee of the American Association of Workers for the Blind

I am happy to avail myself of your kind invitation to discuss vocational guidance with this conference of home teachers. You get closer to individual blind people; you are in a better position to obtain and retain their confidence; you have a keener appreciation of their difficulties and their problems than perhaps any other workers for the blind. You will, I feel sure, be interested in vocational guidance; what it is, why it is, and its relation to the work of the home teacher.

Vocational guidance is the process of helping the individual to select his vocation, to train for it, to enter upon it, and

to progress in it. It includes guidance in choosing an occupation, training, placement, and follow-up. Vocational guidance is predicated upon the fact, too often overlooked or not believed, that no two individuals are alike and that, therefore, each individual must be dealt with separately. The failure to recognize this fact in the education of the seeing resulted in innumerable failures and misfits and in many wrecked lives. The setting up of vocational guidance programs in schools for the seeing has proved to be not only an interesting experiment, but results have been achieved which have convinced many educators, psychologists, and industrialists of the soundness of the principles of vocational guidance and of the proposition upon which it is based.

For reasons not always clear, the blind have generally been regarded as a class apart whose problems and difficulties are those of a group, to be solved and overcome, if at all, on a mass basis. The education of blind children proceeded on this theory. All the children were taught substantially the same things and were then expected to go out and succeed in earning their living in a seeing competitive world. You know what happened. The failures greatly outnumbered the successes. Many school graduates unable to make the grade just drifted. Morale was lost and thus was created an even more difficult problem. Very often morale could not be restored, and the result was a permanently unhappy person, useless to himself and not infrequently a burden to others.

In the work for the adult blind, very much the same situation prevails. The moment a person loses his sight, he is presumed to belong to a different class and all that went before—of training, education, skill, ability, and personality—is deemed never to have been. The person is blind and must begin life anew. The home teacher comes along, teaches reading and writing of embossed types, typewriting, some simple forms of handwork, and, if religious convictions do not forbid, the playing of cards and other parlor games. The home teacher tries in this way to help the newly blind person to become reconciled to his situation and to pass his time more pleasantly. Until very recently this was the sum of the work of the home teacher. She did not have the authority, she did not have the time, she did not have the training to go any further. The question whether a given individual was to continue, though blind, to be the kind of citizen he was before losing his sight or was to be cast upon the scrap heap, was not for her. If considered at all, it was not as a problem

of an individual but as a problem of the blind. A man might be offered an opportunity to learn one of the traditional trades and this without regard to his previous training or experience. Imagine suggesting to a public lecturer who has lost his sight that he learn to make brooms, receiving five dollars a week while learning. The home teacher, of course, had to follow out her agency's program.

Happily, the work for the blind is gradually beginning to throw off the shackles of tradition. Workers charged with determining policies, both in education and in work for the adult blind, are beginning to see that we are concerned with individuals and not with a human mass. The approach is accordingly being revised or, I might say, revitalized. True, we are moving slowly, too slowly; but we are moving. With this change of approach has come a progressive change in the attitude toward the home teacher and in the purpose and content of her work. No longer is she a mere teacher. No longer, we hope, is her field limited by narrow purposes or narrowing interference by those who have seen no value in the modern trend. The home teacher, while retaining that title for sentimental reasons, is rapidly becoming a professional social worker, and the field of home teaching is taking its proper place as a specialized field of social work. Persons entering this field are required to secure adequate pre-professional and professional training and to meet standards of understanding and proficiency undreamed of even a very few years ago. Thus, the home teacher is beginning to assume her rightful role and to play an ever increasing part in helping those who come under her care to continue to lead well-rounded, happy lives. In order to do this more effectively, she should be acquainted with vocational guidance—its principles, its purposes and its progress to date.

In 1933 the American Association of Workers for the Blind realized that if vocational guidance was valuable to the seeing, it ought to be even more valuable to the blind. It, therefore, directed the appointment of a committee to make a study of vocational guidance for the blind and to develop the necessary programs. This committee was appointed in the fall of 1934 and with some changes in personnel has been functioning ever since. From the outset, the committee was made up of a superintendent of a school for the blind, a representative of an agency doing work for the adult blind, and a chairman occupying no position in either field, but very much interested in the welfare of the blind and convinced of the necessity of vocational guidance programs: one for the

boys and girls being educated in our special schools or in public school classes for the blind, and one for adults who either have lost their sight after school age or have not had the advantage of a vocational guidance program while attending schools for the blind. It was felt desirable to commence with the schools as being the easier part of the problem. Besides, this was where the work for the seeing began, and we could take advantage of what had thus been learned.

Under the guidance of Dr. O. H. Burritt, then a member of the A.A.W.B. Committee on Vocational Guidance, there was developed a program for the vocational guidance of blind youth. This program was presented to the A.A.I.B. convention at Raleigh in 1936 and was unanimously approved. Thereafter it was approved by the A.A.W.B. at its convention in Toronto in 1937. Since then this program has been presented to sixteen residential schools for the blind in fourteen states and at least eleven of these schools have set up vocational guidance programs for their students. Although it must take some years before results can be adequately measured, good effects are already observed and more satisfactory help to students in selecting their vocations is being given than ever before. Proper facilities for training, placement, and follow-up have yet to be provided. The ultimate success of the program so far as the schools for the blind are concerned, must necessarily depend on the setting up of effective co-operative arrangements between the schools for the blind and the agencies charged with responsibility for the training, placement and follow-up of adults. There is not time here to state and discuss all the aspects of this complicated problem.

The school program, developed, approved, and presented to the schools as above described, sets up machinery for determining the abilities and capacities of each student, bringing out clearly both his weak and his strong points, and indicating what it will be best for the school to try to do for him. He must be helped to choose wisely the vocation he will follow, but the choice must be his. Neither directly nor indirectly must a choice be made for him. In order to test further the validity of this choice, there is brought to bear on his problem the knowledge and experience of successful blind people. A committee of such people who have been out of school sufficiently long to be mature, who are supporting themselves by their own efforts and obtaining the major part of their income outside of work for the blind, is an integral and necessary part of every vocational guidance program in a school for the blind.

In this way errors due to lack of perspective, or to lack of knowledge of the conditions which blind people must meet, as well as errors arising from a defeatist attitude in the school or from lack of faith on the part of members of the staff in the possibilities of one who must work in the dark, may be corrected.

A program for the vocational guidance of the adult blind has not yet been developed. In many respects it should contain features similar to those in the program developed for the vocational guidance of blind youth. A questionnaire was sent to agencies in the United States which were doing anything that might be called vocational guidance. In the replies many reasons were given why vocational guidance was not provided, most of which are only too familiar. It is not going to be easy to develop a program that can be applied throughout the country, although some things are clear. Each adult blind person must be dealt with as a distinct individual. He must be advised and helped on the basis of all the facts and factors in his situation—of which his blindness is but one. If he is normal except for his visual handicap, that is, if he has no other major handicap, we should assume that he can live a well-rounded normal life until the contrary is proved. We must evaluate properly all his previous experience and, if he has succeeded as a seeing person, we should, if at all possible, help him to continue along the lines then followed or as near to those lines as may be. Realizing that earning one's own living and taking care of one's dependents is an essential to happiness, we must not brand anyone as unemployable until we have proved him so to be. Only by the slow, expensive method of trial and error can we make sure; but to make sure is the important course—really the only course worthwhile. There is not and, from the very nature of human beings, there cannot be any occupation into which groups of blind people can be fitted. To attempt to find such an occupation and then secure a monopoly for the blind therein, is as futile as it is unwise and economically unsound. Individuals are not to be cut to a pattern like a bolt of cloth, and any attempt to do this is foredoomed to failure.

Right here is where the home teacher can and will play an important role. You can give your clients the benefit of your training, knowledge, and experience. You can show them on the one hand that blindness has not destroyed their possibilities for usefulness and happiness, and on the other hand that it has not given them a release from the responsibilities of normal men and women. You cannot be expected

to be vocational guidance counselors, but you can lay the foundation for proper and effective vocational guidance work. You can see to it that every available resource, national, state and local, is placed at the disposal of your clients, and that no stone is left unturned to the end that each individual may accomplish all that is possible for him. In your attitude toward your clients and in your conferences and other relations with members of your agencies, you can keep the need and value of vocational guidance always to the fore and thus help along the progress of this movement.

The movement for vocational guidance for the blind is still in its infancy. It needs, and should command, the understanding and sympathetic co-operation of every intelligent person who has the welfare of the blind at heart and who has faith that, other things being equal, capable, suitably trained blind persons can make appropriate contributions to their communities and live well-rounded lives.

THE ACTIVITIES OF THE NEW JERSEY STATE COMMISSION FOR THE BLIND

*GEORGE F. MEYER

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In discussing the activities of the New Jersey State Commission for the Blind I am conscious of the fact that most people in this audience are familiar with the obligations which usually are associated with a well organized state agency, and realize that the services rendered by such an agency are likely to fall into a general pattern.

Of course any state program must adjust itself to appropriations and other facilities at its disposal, to the population to be served, to the area to be covered, to the distribution of governmental functions as between the various departments of the state, and, finally, to the extent of assistance which can be expected from cooperating agencies under private auspices.

The State of New Jersey is relatively small, and it is not difficult to go to any part of the state by car and return with-

in the same day. The population is, roughly, 4,000,000. We have some of he most congested areas in the country—perhaps in the world—and we have rural areas that are as distinctive as any in the country.

New Jersey has no private agencies that maintain a program of independent service to the blind which can relieve the Commission of any of those major responsibilities usually associated with a complete program. For this reason, the Commission is required to cover the entire gamut of services to the blind, meeting the needs of every age from the cradle to the grave, as well as specific areas of service such as employment, education, etc., which society has provided for the seeing.

Of the staff of thirty-three, thirteen carry the immediate responsibilities of direct service to blind people. Of these thirteen senior staff members, nine are blind. I doubt if there is any other state agency in the country with so large a proportion of its senior staff without sight.

The work of the Commission seems to divide itself naturally into certain definite areas, prevention, education, home teaching, home industries, employment, financial assistance, and general and miscellaneous services.

In the field of prevention, a staff member experienced in the field of medical service devotes her full time to the follow-up of cases where there seems a requirement for service looking to the prevention of blindness, or the restoration of vision. The limitation of personnel has made it impossible to extend this beyond the case work procedure, and up to this time we have been able to do little in the field of prevention beyond this.

The Commission is developing an excellent contact with the medical field, first, through the organization of a committee on conservation of vision within the set-up of the Medical Society of New Jersey, and, secondly, through an ophthalmological advisory committee which works directly with the Commission in giving advice on all matters of ophthalmological concern.

New Jersey is, perhaps, the only populous state in the Union which does not have an institution for the instruction of the blind. However, we consider it an advantage rather than a disadvantage because our plan of assigning children to institutions most appropriate for their special needs makes it

possible for us to choose the school which in our judgment best meets the needs of each pupil. About one-third of the blind children of New Jersey are thus provided for at the Pennsylvania Institution for the Instruction of the Blind, Overbrook, Pennsylvania, and at the New York Institute for the Education of the Blind, New York City, with scattered assignments to other residential schools within easy access.

Two-thirds of the blind children of New Jersey are cared for in public school systems of those communities where the demand lies. These classes look to the Commission for advice and guidance and these, together with the institutional assignments just referred to, and a system of tutor-reader service made available to individual high school students, provides the educational pattern for blind children of the state.

As a part of its educational service the Commission supervises the pre-school environment of blind children, and makes such adjustment as may be required, even to the extent of providing permanent or custodial care for children under compulsory school age.

New Jersey provides special assistance in the form of a $200 scholarship for tuition, and a $300 scholarship for reading, and other expense for blind students wishing to take advantage of higher education. In order to place this assistance where it would accomplish the most, the Commission some three years ago, in cooperation with the College Entrance Examination Board, adapted to the use of the blind the College Aptitudes Test used by that board for college entrance. Each applicant is required to pass this test with a score of at least 500—the average score for sighted applicants—in order to participate in the Commission's scholarship. An educational advisory committee working with the Commission helps to solve the further problems of these applicants.

As a part of its educational services, the Commission has for four years maintained a camp for blind children. The program of this camp is not only designed to meet the recreational needs of these children, but in every detail is intended to tie in to the year round experience of the child and supplement those phases of the child's experience and training which can not be met either at the residential school, or in the school and home training of the public school child.

The home teaching program of the New Jersey Commission has long been one of the most outstanding in the coun-

try. Miss Lydia Y. Hayes, who established the Commission for the Blind, was herself a devoted and experienced home teacher, and she incorporated into the very foundations of the service her rich experience with and deep insight into the needs of blind people to be met by the home teacher.

The state is divided into six areas, each under the direction of the home teacher, one of whom with lesser field responsibility acts as the head home teacher. All home teachers are without sight, and are supplied with full time guides, and auto maintenance.

This group is too well acquainted with the responsibilities of the home teacher to make it necessary for me to dwell long on the nature of the services performed by her. To the newly blinded she brings rehabilitation, courage, and a new outlook on a life that must be faced under new conditions. She gives instruction in typing, the various systems of reading, pencil-writing, handicrafts, the use of the Talking Book, the duties of the household, gives suggestions for means of getting about, and by all other practical means seeks to stimulate and adjust her pupil in meeting life anew.

In addition to her instructional duties it is the responsibility of the home teacher to be continuously conversant with the general status of those blind individuals residing in her area. It is anticipated that she will visit every client periodically for purposes of registration and determination for possibilities for service.

While the Commission relies upon particular staff members to render specialized services in specific fields such as education, prevention, etc., nevertheless, the home teacher is always considered to be available for emergency contacts required within her area, and it is expected that in order to render the widest type of service she will maintain ready contacts with social service agencies operating in her territory.

Out of the instruction in handicrafts the New Jersey Commission for the Blind has developed what may be looked upon as occupational therapy service in which blind people purchase material from the Commission and make it into articles that are sold through the Commission's home industries or sales department. Co-operating closely with the home teaching service the sales department concentrates upon making raw material available to clients of the Commission at the most reasonable price possible and, upon the inspection and ultimate sale of finished goods, sold through

the Commission in their behalf. The Commission pays transportation charges to and from its headquarters on all raw materials and finished goods sold to or for blind people, and no deductions are made for the sales service provided by the Commission.

Articles sold through the Commission are held to a high grade commercial standard. They are disposed of for the most part, through organized sales held in connection with Weeks for the Blind, annually, in the larger communities in the state, and through smaller sales held at resorts and large gatherings. Recently an effort has been made to develop commercialized home industry for the full time employment of blind people in their homes through wholesale channels. This is still largely in the experimental stage and certain technical problems peculiar to governmental agencies must still be solved.

Experience has classified home workers into three general groups,—the "A" group, highly skilled, anxious and able to work full time, and available for commercial production; the "B' group, which is able to produce a satisfactory and salable article, but which is able or willing to work only intermittently, and cannot be relied upon for regular production; the "C"' group, whose quantity and quality of production is unlikely to approach commercial standards, but who require the occupational therapy made available through this program.

The licensing of stand operators in Federal Buildings is one of the responsibilities of the New Jersey Commission for the Blind. Indeed, the state has a little Randolph-Sheppard Bill of its own which opens to blind operators, under the supervision of the Commission for the Blind, stand locations in state, county, and local public buildings. Under the present program the Commission supplies equipment, stock, and petty cash, and while the operator receives all the profit from his stand he is, nevertheless, directly responsible to the Commission which maintains close supervision of the business. Title to the location is retained with the Commission which bears the expense of all supervision.

While the Commission has no organized placement service it has been able to utilize its WPA project in developing a foundation upon which a carefully organized placement service will be built as soon as appropriations are available.

The program of Blind Assistance is under the direct supervision of the Commission with field workers from the county welfare boards making necessary investigations. Such Assistance is given on a need basis and may not exceed $480 in any one year.

There are other services of a more general character which are administered directly through the headquarters of the New Jersey Commission for the Blind.

Through the courtesy of the Lions Club of the state any blind person who wishes one may secure a white cane by applying to the Commission.

Through an arrangement with theatrical managements a large number of theatres throughout the state admit a blind person and guide without charge upon presentation of a pass supplied through the Commission.

Through special arrangements made with certain local transportation companies the Commission supplies identification certificates and tickets which enable blind people in these particular areas to travel on busses with a guide for a single fair.

Through special legislation blind people, properly identified by the Commission, may secure fishing licenses without charge.

The Commission maintains a distributing service for Talking Book machines, and has attempted to provide proper upkeep for these machines.

The Commission serves as intermediary for the distribution of radios, Readers Digests, and other special gifts made available to blind people through the generosity of the public.

A limited loan service is maintained through private funds that have been made available through the Commission.

Unlike most other states, New Jersey has but one agency that devotes itself to the needs of blind people. This makes it possible to coordinate all activities in their behalf while, at the same time, it has the effect of making available only one channel of services for meeting these needs. Thus, New Jersey with an appropriation of little more than $100,000 to meet all services of the blind, exclusive of cash payments for Assistance, is placed at a disadvantage with other states in which

separate appropriations are made for various types of services, such as, education, rehabilitation, work-shops, field services, etc., and where private agencies supplement the work carried on through the public program with funds donated by a generous and interested public.

Our story of New Jersey would not be quite complete without making mention of the WPA project which has been maintained under the Commission for the Blind ever since the inauguration of the "made work" program of the Federal Government.

This project employing more than thirty persons—fifteen of whom are blind—has largely supplemented the home teaching service of the Commission although there is scarcely an area of service that has not received some impetus because of the additional assistance available.

Time will permit little more than an enumeration of the activities in which WPA has rendered direct assistance to the Commission's program throughout the state.

Capable blind people have been used to supplement the work of home teachers in visiting clients to whom such service could not normally be extended beyond the initial instructional period.

Instruction in music has been made available to public school sight-saving and braille classes in and about the Newark area. As a part of this work several people on this project have been assigned to the transcription of music into large type for the use of persons with seriously defective vision.

The very complete files of the New Jersey Commission have been gone over and the material consolidated with definite advantage to the staff and economy of space.

More than 600 factories in New Jersey have been surveyed to determine what processes might be available for performance for blind people. This is only 6 per cent of the factories in New Jersey, and upwards of 1,000 jobs were found which could have been performed by blind people or people with some vision.

Library facilities utilized by our home teaching and educational services have been thoroughly organized, and our Talking Book machine service has been largely cared for through our WPA project.

In closing, may I stress the fact that it is the aim of the New Jersey Commission for the Blind to provide some service to every blind person in the state whatever his age may be or whatever his station in life. It is our further objective to protect for the benefit of blind people whatever jobs or services blind people can perform to the end that the public may not lose confidence in the capabilities of blind people through the incompetency or negligence of the few, and that such opportunities as are available may be preserved for blind people still unborn. Sometimes we wish that we had the assistance of private agencies. At the same time, we in New Jersey feel ourselves fortunate in finding it possible to coordinate all public services in behalf of the blind through the auspices of a single unified organization.

COMMON DISEASES OF THE EYE

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Eye diseases are often divided into external and internal, but this is purely for convenience. It is true, however, that most external diseases of the eyes and of the lids are brought about by external agents like bacteria, foreign bodies, chemicals, and injuries. Conversely, internal diseases of the eye usually result from poisons in the system getting into the eye via blood vessels, lymph vessels, or by direct extension, as from the sinuses.

The common stye is an abscess at the root of an eye lash. External infection from hands, dust, etc. is responsible. The "internal stye," or chalazion, occurs in a gland in the lid and is just a stoppage of the gland duct with resulant swelling. It may also be infected and sore; usually it is just a small innocuous lump.

The skin of the lids is liable to skin diseases as in other parts of the body.

Conjunctivitis is an inflammation of the conjunctiva which lines the lids on the inside and extends up over the eyeball. In its simple form it is often a "cold in the eye." It is

usually caused by external agents like irritation, bacteria, chemicals, etc., but may have other causes like allergy or vitamin deficiency. More severe forms are often accompanied by pus and may cause considerable damage to the eye itself if not treated properly.

Trachoma is a form of conjunctivitis for which the cause is unknown. Although treatment may help in many cases, trachoma often impairs vision by clouding the cornea. The eyelids may become deformed from the trachoma scars and the lashes turned in so that they scrape the cornea.

The cornea is the transparent membrane on the front of the eyeball and if anything happens to cloud it or to distort it, vision is affected. Sometimes small corneal ulcers develop with conjunctivitis but they usually clear up with conjunctivitis treatment. Others are the result of foreign bodies which have not been removed properly or which left an infection.

Still other corneal ulcers seem to develop by themselves and are very resistant to treatment. The probabilities are that general systemic infection or lack of resistance plays the main role here, although the process may have been touched off by an external agent.

Under the general term keratitis, we include degenerations of the cornea, as well as inflammations. In this class, there are many cases that result from general infection such as tuberculosis and syphilis.

Interstitial keratitis is a fairly common example, in which the cornea becomes cloudy as the result of congenital syphilis. New blood vessels may grow into the cornea in an attempt to carry off the toxins, and that always means that the inflammation is severe. The cornea normally does not contain blood vessels.

Behind the cornea, lies the iris or colored part of the eye. The iris is intimately connected with the choroid, a tissue full of blood vessels, which lies behind the retina and extends into the back of the eye. Any infection of the iris is liable to extend into the choroid and vice versa. Although an iritis may occur as the result of a penetrating injury from the outside, it is usually caused by blood-borne disease. Unless the cause is removed early, iritis tends to become chronic or to recur, with ultimate impairment of vision, or secondary damage which may result in loss of the eye.

The ciliary body lies at the root of the iris, next to the choroid. It contains blood vessels and the ciliary muscle which allows the eye to change its focus. It also forms the aqueous, a watery fluid which passes in front of the lens, through the pupil and out of the eyeball by channels in the small angle at the inside edge of the cornea. This is called the angle of the anterior chamber and when it becomes stopped up, the aqueous remains in the eye under pressure and the patient has glaucoma. Unless matters are speedily rectified by treatment or operation, the continued pressure kills the retinal nerves and damages the eye so that blindness results.

Although our time does not permit of too much detail, I want to emphasize the importance of competent treatment in glaucoma. In some cases, there is pain, redness and impairment of vision, and the patient needs no urging to see an ophthalmologist. But in the chronic type, there is no warning of any kind until considerable damage has been done. Since this disease occurs mostly in adult life, it would seem only common sense for all adults to have a thorough eye examination. Any damage done by glaucoma is irreparable. The most that the ophthalmologist can do is to stay the process by treatment or operation. His success depends upon the severity of the case and the co-operation of the patient as well as upon his surgical and medical skill. Glaucoma will tolerate no temporizing.

The ciliary body is the seat of another terrible disease called sympathetic ophthalmia. When it is injured by a penatrating wound, some unknown force often sets up an irritation in the other eye and destroys it. The original injured eye is then the only one left and its remaining vision is seldom good. Removal of the injured eye before the other is involved will prevent sympathetic inflammation, but it is often hard to convince the patient. Even when the injured eye apparently heels, the danger of sympathetic involvement remains, sometimes as long as forty years.

Diseases of the retina and optic nerve come from syphilis, tuberculosis, diabetes, and other general disease. High degree of myopia involve the retina so that vision is impaired. Detachment of the retina may occur from the same cause or as the result of a blow. Poisoning from drugs, alcohol, tobacco, and diseases of the brain and central nervous system

affect the optic nerve. In all these cases the cause must be removed before any relief can be expected.

Cataract is a clouding of the lens in the eye. It may occur at any age as the result of poison, disease, or injury, but the common type is an age defect found in some adults between forty and seventy years of age. Except for a few isolated reports, the only known cure is surgical removal of the lens, for which a substitute is provided in a pair of cataract glasses. Cataract is seldom dangerous and may wait upon the convenience of the patient before it is removed. If it swells enough to cause glaucoma, immediate operation is necessary.

Hyperopia (far-sightedness), myopia (near-sightedness), and astigmatism are optical errors of the eye. They may occur singly or in combination. The optical error is corrected by wearing spectacles, and the symptoms due to eye-strain are thereby "cured."

In myopia there is liable to be a constant change in the optical error due to a stretching of the eyeball, and glasses may need to be changed to keep pace. When the elongation of the eyeball has a basis of disease or hereditary weakness, especial attention must be paid to the use of the eyes and to the general health and hygiene. This is very important in school children during the years of growth. Malignant myopia is the rapidly progressing type for which no cure is known. In addition to increasing near-sightedness, degenerative changes take place.

Any imbalance of the muscles that move the eyes may result in a disfiguring appearance like cross-eye, or a strain to keep the eye straight. In addition it may be impossible to use the two eyes together to appreciate depth. When there is too much discomfort in using the eyes together, one of them is allowed to turn and often becomes blind from disuse. Modern treatment consists in an attempt to straighten the eyes by exercise or operation or both, and finally to get the two eyes to work together.

The eyes are subject to disease like the rest of the body, but in addition their vision may be impaired by very small changes that would pass unnoticed elsewhere. Eyes deserve expert care when trouble comes. Trouble can often be prevented by periodic examinations.

SYSTEMIC CONDITIONS AND HOW THEY MAY RESULT IN THE LOSS OF SIGHT

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The systemic diseases which frequently cause the loss of sight are syphilis, diabetes, arteriosclerosis, high blood pressure, kidney diseases, tuberculosis, vitamin deficiencies, various nervous diseases, and certain toxemias.

The most publicized systemic cause of blindness today is syphilis. It is claimed by the Public Health Service that 15 per cent of the individuals suffering from syphilis eventually become blind. It is also stated that one-third of all congenital syphilitics lose their sight. The condition which actually causes blindness in congenital cases is known as interstitial keratitis and offers more hope for successful treatment now than ever before. Some cases, however, do not respond to most modern therapeutic measures and blindness follows. With the advent of pre-marital blood tests and adequate prenatal care, the cases of congenital syphilis are becoming extremely rare. In the twelve years in which I have worked in the clinics of the New York Eye and Ear Infirmary, the cases of infantile syphilis have gradually diminished until they are considered clinical novelties. This decrease in the disease may be attributed to the enlightenment of the public through such organizations as the National Society for the Prevention of Blindness, the Eastern Conference of Home Teachers, the various associations for the blind, the municipal, state, and public health services, and last but far from least, the doctor, who has unselfishly given a great deal of his time without charge to help the poor unfortunates suffering from syphilis and unable to have private treatment.

History of Syphilis

The epidemic of syphilis which spread over Europe following the return of Columbus from the discovery of America accounts for the theory that the disease arose in the West Indies. If the disease existed prior to the end of the fifteenth

century, it must have assumed a different form entirely. None of the bones removed from Egyptian, Greek, or Roman ruins show positive evidence of syphilis, but it is reported that Columbus demonstrated definite signs of lues. Whether the disease exisited before 1493 in Europe is not so important as the fact that the era of syphilis, as we know it, was opened. The Spanish mercenaries who fought for Ferdinand and Isabella at Naples carried it to all parts of Europe. It struck high and low alike and was again disseminated by the return of the soldiers of Charles V and Franeis I from the siege of Pavia. It is not unlikely that the Spanish troops carried it to Italy where it spread through obvious channels to the French. It was called the "Spanish Disease" by the French. It was only a short time afterward that the poem "Syphilis" appeared which gave us the name of the greatest scourge in modern history. We are told that Henry VIII suffered from the disease and Mary, his daughter by Catherine of Aragon, was a victim of hereditary syphilis and probably had interstitial keratitis. There were four stillbirths before Mary was born. She was afterwards married to Philip II of Spain, and it is not unlikely that he also had the disease. Portraits of Mary, later known as "Bloody Mary", show undeniable evidence oi congenital lues. Only a few years passed before Russia was invaded by the disease and we hear of "Ivan the Terrible" who suffered from cerebral syphilis. The spread of the disease was so rapid that all of Europe and part of Asia were affected. Its fury was probably spent in the first attack, and it is not unlikely that natural immunity developed as time passed. It was about this time that the use of mercury became popular, and the development of great spas began. The expression, "An hour with Venus is a life time with Mercury," may have been used by medical men of the time.

Syphilis is defined by Stokes as an infectious disease caused by the spirocheta pallida; of great chronicity; systemic from the onset; capable of involving practically every structure of the human body; distinguished by florid manifestations in some instances and years of asymptomatie latency in others; transmissable to offspring in man; transmissable to certain laboratory animals; and treatable to the point of presumptive but not thus far demonstrable "cure" by the use of derivatives of arsenic, mercury bismuth, the iodides, and nonspecific or fever therapy. The cause of the disease was not discovered until 1905 when the parisitologist, Fritz Schaudinn, assisted by spyhilologist, E. Hoffman, discovered the tre-

ponema pallidum. The spirochete of syphilis[2] is related to the group of spiral organisms of yaws and relapsing fever.

Whether the organism of spyhilis can be classified as to strains and subvarieties is debatable. Stokes speaks of conjugal tabes or paresis where husband and wife are affected by the same organism and cites the example of five or more persons who developed paresis by contact with the same woman. He also observes that patients with florid cutaneous symptoms seldom develop neurosyphilis. The difficulty in distinguishing between the predispositions of the host and selectivity of the organism is undenied. Trauma plays an important part in the localization of a syphilitic lesion, and the disease is usually more evident at a place of weakened resistance. The fact that the organism has low viability, fails to live in the presence of oxygen, cannot stand drying and weak disinfectants, protects man from its universality.

The reaction of the body to syphilis may be divided into two phases, the local reaction to the chancre, papule, or gumma, and the general immunological reaction to the organism. It has been stated that an abrasion is unnecessary for the invasion by the spirochete and it is possible to acquire the disease without evidence of a chancre. Nevertheless, the chancre is usually the first sign of syphilis and the pathological picture of initial lesions is essentially the same regardless of where they occur. After invasion, the treponema is disseminated into the perivascular lymph spaces and from there into the blood stream where endothelial swelling with proliferation is followed by obliterative endarteritis. This reaction is accompanied by perivascular lymphocytic infiltration and the appearance of plasma cells with consequent fibrosis. The spirochetes increase rapidly while these stages are in progress. After a time local immunity is developed, and the

2 The spirocheta pallida is about .25 "u" in thickness and its length is about the diameter of a red blood cell. The range in length varies from 4 to 14 "u" and occasionally as much as 24 "u." The number of turns of the spiral varies from 6 to 24, the central turns having slightly greater diameters than the terminal ones. The refractive index of the organism is so near that of the media in which it is found that it is almost impossible to see it with ordinary light. It is interesting to recall that Schaudinn was able to see the organism and recognize the double flagellum at each end without dark field technique. The motility of the organism is controlled in three ways; a movement in the direction of the axis of the spiral; a rotation or corkscrew motion; and a twisting movement from side to side. Motility disappears without loss of contour in old specimens, and beadlike disintegration finally takes place. The demonstration of conformity to the postulates of Koch culminated in the demonstration by Noguchi of the organism in the brain in general paralysis. He was able to culture the spirochete and infect susceptible animals with the organism. Transmission of the disease to lower animals was demonstrated in 1903 by Metchnikoff and Roux, before the identification of the spirillum by Schaudinn

original lesion begins to heal and granular degeneration of the spirillum follows. If the reaction which destroys the organisms at each focus (as in secondary eruptions) could completely annihilate all treponemata, little would be left for treatment. Unfortunately this does not occur. The disease spreads to other localities as it retreats from older battlefields. The fact that a chancre or secondary eruption heals, is no indication that the fight is over. Syphilis ceases to become a local disease wihin two hours after inoculation, according to Stokes. From that moment it is reasonable to presume that the reticulo-endothelial system is stimulated to action. Just what forces are brought into play, is not understood but attempts to develop a serum or vaccine "cure" have veen unsuccessful. The body builds up a defense similar to that induced by non-specific protein and is aided by the variety of treatment used. The arsenicals or heavy metals may contribute as much to tissue reaction as they do to actual combat against the organism itself.

Incidence of Syphilis

The incidence of arrested and active syphilis in the United States has not been determined, but is estimated by the Public Health Service that 683,000 cases are under constant treatment. The new cases recorded annually amount to four for each thousand population and at least four untreated cases apply for treatment. Surgeon-General Parran in his recent book, Shadow on the Land, estimated that one out of ten adults is affected by syphilis and at least one million potential mothers in the United States have or have had syphilis. This figure is taken from an average of reports registered with the Public Health Service over the past ten years and is our best source of information at the present. If this is true, and if the rate of male infection, as compared to female, is one and one-half times greater, there would be at least three and one-half millions of cases in which the disease has manifested itself in the United States. This would be for a period of one year. If this were applied to a space of ten years, the incidence would approach 10 per cent of our population, and it is reasonable to suppose that physically, economically, and socially more than this number might be affected, either directly or indirectly. It is further stated by Parran that syphilis is the cause of blindness in at least 15 per cent of the cases. The same author claims that at least one-third of the children born with congenital syphilis will develop interstitial keratitis if untreated, but that this can be avoided if the pros-

pective mother takes sufficient anti-syphilitic treatment continuously throughout pregnancy.

Diagnosis of Syphilis

The diagnosis of syphilis is based on the clinical appearance of the lesion, and by examination of secretion by darkfield and various serological tests. In the primary stage it is important to make repeated tests by darkfield illumination. The Wasserman test is at its best at the ninth or tenth week, and by that time considerable time is lost in treatment. Stokes states that only about 80 per cent are positive at the tenth week. This means the disease might have been diagnosed if sufficient darkfield tests had been made. A complete physical examination is absolutely essential in the diagnosis of syphilis. It is important to know the condition of the kidneys, lungs, and cardiovascular system before treatment is considered. A neurological examination may show involvement of the central nervous system. Treatment should be planned according to physical findings. It is possible that concurrent tuberculosis might bar the use of iodides. Arsenicals might be contra-indicated in the presence of kidney disease.

The importance of an early diagnosis is manifest. It is possible to "cure" from 98 to 100 per cent of the cases if treatment is started within the first fourteen days. Only 80 per cent can be "cured" if treatment is delayed until the Wassermann is positive. This means that a few days' delay in treatment may seriously affect the final outcome. The diagnosis of the chancre is a definite laboratory procedure. Differential characteristics described by various authors are of minor importance. The demonstration of the trepanema with darkfield within the first ten days is from 90 to 95 per cent efficient, whereas the Wasserman test is usually negative. About 80 per cent of the primary lesions may be diagnosed by darkfield through the fifth week. After that, the organism disappears from the lesion, and the Wasserman rate ascends and becomes almost always positive. A positive test usually means that the patient has syphilis but with the absence of physical signs or history of the disease several checks should be made. Other disease causing positive Wassermanns are yaws, relapsing fever and leprosy. Most good laboratories perform precipitation tests as a check on their Wassermann reactions. It should be remembered that approximately 20 per cent of the late and latent syphilides will show negative Wassermann reactions, and it cannot be impressed too strongly that a negative test does not disprove syphilis.

Ocular Syphilis

Ocular syphilis may be considered as congenital or acquired. Syphilis affects the eye in at least one-third of all congenital cases unless properly treated. Lemoine claims that ocular lesions occur in 40 per cent or more. The disease may wait for years to assert itself, or it may be evident at birth. The most common manifestation is interstitial keratitis, which is usually seen from the fourth to the twentieth year but may occur in adult life. Interstitial kerititis is characterized by "clouding of the cornea." It usually affects both eyes in spite of treatment.

The diagnosis of interstitial keratitis is aided by the general appearance of the patient. The presence of "Hutchinson's triad": interstitial keratitis, notched teeth, deafness, and a peculiar formation of the face and cranium with a prominent forehead and "saddle-nose," suggests syphilis.

In addition to interstitial keratitis, it must be remembered that it is possible to have syphilic infections of the eyelids, conjunctiva, orbit, and optic nerve in congenital cases. The entire uvea is usually affected when the cornea becomes involved, as the sclera and the retina.

In the differential diagnosis of interstitial keratitis, it is necessary to eliminate deep sclerosing keratitis, tuberculosis, leprosy, trachoma, glaucoma, the effect of chemicals, and keratitis disciformis. Most of these can be eliminated by the Wassermann test.

Acquired Syphilis of the Eye

Acquired syphilis about the eyes may manifest itself as a chancre of the eyelid, brow, or conjunctiva. It is most often seen in the region of the inner canthus but may appear at any point. The lesion presents the same pathological picture in this region as it does about the genitalia. Induration, ulceration, and lymphatic involvement are evident. The darkfield examination is usually positive.

Secondary lesions may appear as annular or circinate manifestations resembling various ringworm infections. A gumma may develop as a small induration on the eyelid or involve the greater part of the orbit, causing protosis and signs of a retrobulbar tumor. Eyes have been removed in such cases, and an example of this is well illustrated by a specimen in the collection of the New York Eye and Ear Infirmary

which showed gummatous tissue on microscopic examination. The eye was removed before the days of the Wassermann test. The most common involvement of the orbit is the gumma, and the patient may or may not have a great deal of pain. The lesion is especially amenable to treatment.

Involvement of the nerves to the eye is often encountered in neuro-syphilis. This is demonstrated by the Argull-Robertson pupil, which reacts to accommodation but not to light. Cases of complete and partial ophthalmoplegia may be seen but seldom is an individual muscle affected.

Syphilitic involvement of the optic nerve is observed late in the disease as a rule. It manifests itself as a chronic degenerative change due to vascular embarrassment and the invasion of the spirochetes into the nerve bundles. The ophthalmoscopic appearance of the disc in syphilitic atrophy is usually dirty grayish in appearance but may be almost white. The caliber of the retinal arteries is diminished and areas of choroiditis may be seen.

The cornea is seldom involved in primary or secondary syphilis. It may become inflamed by the extension of a primary lesion from the conjunctiva or by the deposits of precipitates on the endothelium from iridocyclitis. It is often involved in congenital syphilis.

Syphilitic Iritis

Acquired syphilis most often affects the iris and ciliary body and is called syphilitic iritis. It belongs to the secondary stage but may be congenital. It is characterized by some pain and photophobia with diminution of vision. It accompanies such manifestations as skin eruptions and involvements of the mucous membranes. The lesions are classed as papules of nodules which may be the size of a pin-head and only present at the periphery or near the pupillary margin. They tend to heal and disintegrate as the disease progresses. The slit-lamp shows cells in the anterior chamber and adhesions of the iris to the anterior capsule of the lens. Deposits are seen on the endothelium. In some instances there is no localized evidence of the disease and one has to rely on the slit-lamp, muco-cutaneous lesions and the Wasserman reaction. It is possible for a gumma to develop in the iris or ciliary body. They are usually quite painful, and it is not uncommon for the intra-ocular pressure to be elevated. Inflammation of the choroid usually accompanies such attacks.

Iridocyclitis caused by the treponema usually responds to treatment better than any other ocular manifestation of syphilis. The attack may be severe and the patient suffers considerable pain, but under mydriatics and anti-luetic treatment improves rapidly.

Involvement of the retina and optic nerve offers a different problem. If the blood vessels supplying the retina are diseased and the nerve shows evidence of atrophy, the treatment should be modified to care for those structures. The best check we have on the ophthalmoscope is the visual field test, and it is important to remember this as we treat the patient. Visual fields cannot be checked too often, especially in neuro-syphilis. It is wise to check the visual fields a week or so after each injection of tryparsamide, despite the fact that a number of neurologists and syphilologists claim that there is no need for such procedure. Until it is definitely proven that arsenic does not affect the optic nerve in advanced syphilis, it is better to be cautious with its use. Acute optic neuritis from syphilis is seldom seen and when appreciated, responds very nicely to treatment. Retrobulbar neuritis and involvement of the chiasm may appear in some cases. Visual field tests are most important in such instances.

Diabetes

Diabetes, a disease in which sugars are not utilized properly by the body, may cause blindness. A condition known as diabetic retinitis is the most common lesion affecting vision. Examination with the ophthalmoscope reveals silvery white spots in the background of the eye. Flame-like hemorrhages may complicate the picture, and in some cases massive extravasations of blood may cause total loss of sight. A hemorrhage may be extensive enough to cause glaucoma.

Cataract is a common complication of diabetes. If the cataract develops to maturity, useful vision is lost and an operation is necessary to restore sight. The diabetic patient is not a good surgical risk, but the operation for cataract may be comparatively safe if the patient is properly controlled by diet and insulin. Some of the poor results are caused by pre-existing retinitis and tendency to hemorrhage after a most perfect operation. In some cases, the diabetic cataract tends to swell, causing a hardening of the eyeball and permanent loss of sight if it is not removed surgically.

Inflamation of the iris with degeneration of the pigment layers, occasionally occurs in diabetes. This malady is

somewhat resistent to treatment and often causes cataract formation with subsequent blindness.

In spite of insulin treatment and a better appreciation of diet, diabetes is a formidable foe of vision when it attacks the eyes.

Arteriosclerosis and High Blood Pressure

Arteriosclerosis and high blood pressure usually go hand in hand. When the eyes are affected, hemorrhages and exudative processes may destroy the seeing coats of the eye. Thickened and brittle blood vessels do not stand increases in pressure well and give way under the strain. When retinal hemorrhages occur, it is logical to conclude that extravasations are present in the brain. The ocular lesions are often indications of what may be happening in other parts of the body and indicate the oncoming demise of the patient. The treatment of eye lesions caused by arteriosclerosis and hypertension is confined to general measures such as rest, diet, and sedatives.

Kidney Disease

Kidney disease often causes the loss of sight by inflammatory and hemorrhagic processes in the back of the eye. Useful vision may be restored in acute cases of short duration, but chronic types seldom improve. Chorio-retinitis from toxemias of pregnancy may improve if the causative factor is eliminated, but normal fields of vision may not return.

Tuberculosis

Tuberculosis may involve any part of the eye and is a frequent cause of blindness. The disease is seldom primary but secondary to an old quiescent lesion in some other part of the body. The eye is thought to develop a sensitivity to tubercle decomposition. The retina, vascular layers, iris and fibrous tunics may be attacked, separately or collectively. Tuberculosis of the eye is often painful and may last for months or years, causing total loss of vision. It is possible to help patients with this disease by local treatment but, again, rest, diet, and fresh air are most important.

Vitamins

Practically all vitamins needed by the human body are included in a well-balanced diet. It has been known for a long time that the addition of cod-liver oil, fresh fruits, and vegetables to an ordinary diet prevents certain deficiency dis-

cases. The value of Vitamin A and D in night blindness and Vitamin B and its complexes in nerve involvements, has been demonstrated. Investigations show that other vitamins are important in eye diseases but more work is necessary to evaluate their worth.

Toxemias

In addition to toxemias of pregnancy, toxic states from certain chemicals may cause blindness. The use of reducing drugs such as di-nitrophenol may diminish vision by causing cataracts and glaucoma. The inhalation of fumes from certain paints and insecticides may produce cataracts or optic neuritis. Long exposure to heat or direct sun rays often affects the eyes to such an extent that useful sight is lost.

In conclusion, it might be said that with the constant improvement of treatment, surgery and preventive measures, most of the conditions discussed will be helped more and more as time goes on.

SOCIAL WORK AS APPLIED TO HOME TEACHING

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Blindness in mankind is as old as the race; its causes, manifold. Not until the very recent past in the more progressive countries has there been notable advance in its prevention and remedial skill for its alleviation. In every land today, there are still far too many causes for blindness which need not have been: wars, common accidents, industrial hazards, social and epidemic diseases, inadequate medical and surgical care, poverty, superstition, and ignorance. A little while ago, before doctors had learned how to destroy the gonorrhea germ in the eyes of the new-born, many children were condemned to well-nigh irremediable and lifelong blindness; now, because the life expectancy of every individual is higher than it has ever been before in recorded history, people become blind in the middle and later years of life from diseases which, at an earlier period, they would not have lived long enough to develop. In spite of gains made in the fields of prevention and treatment, we must face the hard fact that there always will be some blindness in the world.

Throughout uncounted generations, blindness, like death, has been no respecter of persons—only less certain. It came alike to king and priest, to rich and poor. Today, it strikes first and hardest at the weak and most defenseless, and the folkways of every land have always determined, to a great extent, the role and the status of the blind. They became, in minds of the people, poets, saints, clairvoyants, prostitutes, and beggars. These roles were their right, laid upon them by the culture patterns of a society which was not awake to the knowledge that the blind do not form a caste or class; that they are as individual as other members of the species; and that they might have some wish to choose their own place in life or maintain one already established.

Because of profound and stirring changes in the course of the world's history, the close of the eighteenth century ushered in a new era; and the birth-hour of many social movements, so long in gestation, came at last. It is not to be wondered at, then, that at a time of such quickening, society should begin to be aware of the needs of the blind. Happily, men began first to reason together about the plight of the children who, for so long, had been thought to be recipients of the just wrath of the diety in punishment for the sins of their fathers. Before a third of the nineteenth century had gone by, three residential schools for blind children has been set up in the northeastern part of the United States; and others quickly followed in various centers of population over the country. This was years before there was free education available to all the children of the nation; and therefore far too early for the idea of classes for the blind in normal public schools or special classes for partially seeing children to have caught hold of the imagination of far-thinking educators and sociologists.

But the throwing open of educational opportunities to blind children drew in its wake a baffling set of new problems. What were the "educated" blind to do when their school years were over? Where were they to go? What was to be done for those persons who had become blind after they were too old to attend residential schools? Many of the adult blind needed most desperately to earn their own livings but far too few of them were trained to hold jobs of any kind. What was to be done? Were the schools to become not only places for special education and training for the young, but hospices for the indigent blind until they should become, like the almshouses, overcrowded with a heterogeneous hoard? This, it must be remembered, was many years before anyone had thought of special workshops for the handicapped or voca-

tional guidance which might lead, after specific and intensive training, to individual placement in regular channels of the world's work. This, too, was long, long before society had recognized the prerogative of its variously handicapped members to the essentials of life when they, or those legally responsible for them, could not provide these. There was no outdoor relief for the blind in those days.

By 1882, the situation was becoming acute. At that time, it was decided to try out an experiment already begun in England some thirty years earlier, that of sending visitors, or teachers into the homes of the adult blind. This was a marked departure from tradition; and it is significant because it proved to be the first step toward a planned program for the adult blind. It registered an important change in the attitude of society toward its blind members; and, though the evolution of the concept has been painfully slow, there has been continuous progress ever since both in the minds of the people, and in the type of services offered.

So recent is the launching of this undertaking that there is scarcely a teacher among us who has not met or known intimately at least one of those first home teachers who pioneered the trail for us. Many of them served without pay, their work sponsored by the schools for the blind; but so well did they perform their chosen tasks that the program which we seek to carry forward today was made possible. In accordance with the spirit of the times, the chief work of the first teachers was to give religious comfort, to teach some embossed type which would bring the Bible to the blind, and to act as friendly visitors giving "to those who sat in darkness" neighborly "cheer and sunshine" which would make their lot more bearable "until such time when they should be called home.

Ever since the date of its inception, home teaching has been a form of social work; since it indicates that a fragment of society has recognized a need of another fragment of itself and is, through recognition of its obligations, endeavoring to do something about it. Through the years, as work for the blind as a whole has developed, and as the entire program of social work has unfolded, the work of the visiting, or home, teacher, has grown like a snowball. Its more social aspects have deepened and widened until we who are engaged in it today are nothing if we are not social workers.

It is now almost sixty years since home teaching was begun in America; and we are the heirs of all that those years have produced. What is our job in the light of our inheritance and our obligation?

Because of the various set-ups in our different fields, private and public, "job" may mean many different things to each of us; but it seems to me that, despite the different policies of our sponsoring agencies, our purposes are: (1) to aid in the prevention of maladjustments—emotional and material—in the newly blinded; (2) to seek to readjust the blind in such a way that they may better be able to live happily and usefully in a world made for seeing people; (3) to interpret the blind to the seeing and promote those good manners and courtesies which may make for easier and more pleasant intercourse between the blind and the seeing.

With what tools do we take up our responsibilities?

Most of us, because we are blind, have already faced and overcome many of the problems which are bewildering the pupil. It is only to the degree that we are able and willing to use the experience gained through our handicap that we have any claim of advantage over the seeing home teacher for the blind. We who have bridged the chasm, should hold in our hands the builder's implements ready to help the fellow traveler who comes up to the brink and calls to us.

The home teacher must be a person possessed of strong physical health; otherwise she will not be able to withstand the strain placed upon her energy and powers of endurance. She must be able to withstand the vagaries of weather and the fatigue of long hours and still retain within herself untapped resources which can be called upon when needed to produce the maximum of efficiency.

The home teacher must be emotionally well-balanced as to her own problems in order that she may the more clearly see and understand the problems of the pupil in their true character.

The teacher should present such a personal appearance as to cleanliness, neatness of dress, and good grooming as will make her readily acceptable in any group. She, of all people, can least afford to allow herself to become careless in these matters, for there is no yardstick more frequently used in the judging of a person's character than the kind of personal appearance one makes.

The teacher must possess a genuine liking for people and a wide and sympathetic understanding of how best to get on with them because she will, for long hours, be of necessity in the company of a guide or assistant, because she will have supervisors as well as fellow-workers on the staff of the agency, because she will be constantly in touch with the general public, and because the lives of her pupils will follow no single pattern but many and divergent ones. With all, she must have a well-oiled sense of humor. There can be no place in the mind of the successful home teacher for racial, religious, political, economic, or social prejudices.

As for the academic requirements for the home teacher, one cannot be too rigid since it has already been demonstrated that the satisfactory completion of any specific curriculum cannot, of itself, produce fool-proof guarantees of success in any given field of social work. On the other hand, it seems to me, that as time passes, and as the whole scope of the home teaching field expands, an ever increasing demand should be made that the home teacher for the blind bring to her job qualifications as high as those required of seeing workers in other and allied branches of social work. Regardless of what may or may not have been the qualifications of any particular individual upon entering the field of home teaching, she should require herself to keep up with the most advanced practices, not only in her chosen field, but in work for the blind as a whole, in what is being done with and for other handicapped groups, and especially recent trends in modern social work.

If the home teacher is to function adequately, she must understand the principles involved in the practice of case work; how otherwise can she hope to co-operate with other social workers for the ultimate advantage of those she has been especially appointed to serve? Home teaching is a branch of social work, not the whole field. The wise home teacher will make use of the welfare resources in her territory instead of attempting to solve personally every problem that is presented to her. She will understand her own limitations and will realize that she is a specialist, perhaps no better qualified to do the work of the general case worker than is that individual to successfully turn herself into a home teacher by some trick or magic. The teacher's function, when there are other resources available to her, is that of referring the pupil in need to the division responsible for the services required.

The home teacher should have a working knowledge of eye diagnoses and prognoses together with the doctor's recom-

mendations for treatment, for it sometimes happens that there is no active medical social worker to do the follow-up work. By this, I do not mean that the home teacher is qualified to take the place of a medical social worker. Quite the contrary is true; but she can be helpful if she is informed and acts intelligently. Often she may find that she must help carry on this most important work; and she should therefore seek to acquire all information possible.

The teacher, too, must be acquainted with the relief set-up in her district; she must be able to tell her pupils where to go for assistance; and, whether we like it or not, she must be able to interpret practices of relief-giving agencies to her pupils as well as to the public at large.

Because the teacher is far too busy with her necessary program of home teaching to do anything that can be successfully carried on by some one else, she should be able to organize and supervise an active corps of volunteers who, under her guidance, will take over that part of her job which is known as simple "friendly visiting." If she is careful in the selection of these volunteers, and in the assigning of those persons for them to visit, and if she is able to give the training and supervision, they may become a source of great help to her and a comfort to the blind in their homes.

In her work with and for the blind, the home teacher has a tool not usually permitted the regular case worker. She is a teacher. As such, with discretion, she may employ educational principles of suggestion and motivation not allowed the case worker. And what may she teach? Anything that may help her reach her goal of being of practical service to the blind. Braille, Moon type, the use of the script board, typewriting, the manual alphabet for the deaf blind, the best use to be made of the Talking Book machine, how to walk with a guide, how to find the way about one's home, how to perform personal and household tasks, how to use the hands for various skills—cleaning, washing, ironing, sewing, mending, crocheting, knitting, cooking—as well as planning menus, recipes, budgets, and general shopping and marketing. It may be as simple a thing as the accepted manner of holding a cigarette, or demonstrating to some young thing that, though blind, she can learn to put on her own make-up. There are perhaps scores of other things which the home teacher brings to her pupils in their proper time. Therein lies the case work in home teaching. Nothing must be taught or given until the way for its ac-

ceptance has been prepared. Sometimes, in our eagerness to do something, we do the wrong thing. Once a pupil of mine told me that she wanted to find a nice fellow who would marry her and be good to her. We gave her a Talking Book machine. It was back in our office before a week was out.

Where the set-up will permit of it, not the least important of the home teacher's tasks is so to train certain of her pupils that they may the more profitably take a place in a sheltered workshop for the blind.

The teacher must be familiar with library services for the blind, with braille books and Talking Books, with free magazines.

But why tell you more? You who are working in this field know that the home teacher may do anything, teach anything that will enable her to accomplish her three-fold purpose of preventing maladjustments, readjusting, and interpreting. In her role as teacher, she is at various times, beside a social worker and teacher, a friend, an adviser, a father confessor. She probably knows her pupils better than anyone else in the world knows them. She is constantly striving to make her services fit the needs. Karl de Schweinitz has said, "Case work is the art of helping people out of trouble." Who among us does not practice it; and who, other than the trained home teacher is better qualified to work with the adult blind in their homes?

RECENT ACTIVITIES OF THE AMERICAN FOUNDATION FOR THE BLIND

*ROBERT B. IRWIN

Executive Director, American Foundation for the Blind

Probably most of the members of the Eastern Home Teachers' Conference are familiar with the American Foundation for the Blind in a general way. In case, however, you have not all been able to keep closely in touch with what we are doing, I have been asked to tell you about some of the recent activities of the Foundation.

Scholarships and the New Order

The Social Security Act has resulted in the sudden appearance in this country of thousands of social workers who must deal more or less with blind people. As a result state welfare departments and schools of social work are concerning themselves much more about the blind than ever before.

The Foundation is endeavoring to assist in this field by conducting state institutes for social security agents wishing to learn about the needs of blind people and how they should be met. The Foundation also published about two years ago a book entitled What of the Blind?, designed to provide a certain amount of helpful information to students of work for the blind. This book has had a very gratifying reception, and as a result we are preparing another book of supplementary material entitled More of the Blind, which will be off the press this winter. With the help of the Carnegie Corporation, the Foundation has also issued an annotated bibliography, Books About the Blind, which will prove a helpful guide to anyone wishing to read what there is available on any phase of blindness and the blind.

New state departments for the blind are being established in various parts of the country. In selecting home teachers these departments are requiring training in social work. A resolution passed by your conference two years ago has helped greatly in crystalizing in the public mind the requirements which candidates for home teaching positions should meet. The Foundation is very anxious to see to it that with the demand for home teachers to have these new qualifications, blind people are not crowded out of this field. If they are crowded out, I think it will be due very largely to the fact that properly qualified young blind people have not taken professional training to enable them to meet the new standards for social workers. The American Foundation for the Blind has for a number of years assisted blind people to train for the home teaching profession by awarding them scholarships and helping them in other ways to adjust themselves to the requirements of good schools of social work. We all want to keep a reasonable proportion of blind personnel on our home teaching staffs, but to do this we must see to it that the right kind of people train for this field.

Surveys

The changing conditions of the past ten years, and particularly the increased responsibility for social welfare assumed by the Federal and state governments, have prompted a number of well-established agencies for the blind to review their policies and programs to discover what changes are required to bring them into line with present-day conditions. The field staff of the Foundation has been kept extremely busy during the past year assisting in these studies. The value of such surveys, however, depends not only upon the wisdom

of our staff but upon the willingness of organizations to accept recommendations. All that the Foundation can do is to point the way.

Employment and National Industries for the Blind

National Industries for the Blind, a division of the American Foundation for the Blind, was organized to co-operate with the Federal government in the administration of the Wagner-O'Day Act, directing executive departments of the Federal government to purchase certain of their requirements from workshops for the blind. It is the function of National Industries for the Blind to allocate orders among the workshops for the blind which can handle this business, and to help in other ways to find outlets for the products of blind workmen. Prior to June 1, 1939, brooms and mops were the only commodities purchased by the government under the Wagner-O'Day Act. Down to September 1, 1940, nine other products have been added—cocoa mats, pillow cases, whisk brooms, sanitary swabs, deck swabs, felt mattresses, innerspring mattresses, triangular mops, and wall and ceiling mops. We estimate that orders from the Federal government during the past year have yielded wages to blind people amounting to more than one hundred thousand dollars.

A new industry has been developed by National Industries which gives considerable promise. With the co-operation of the U. S. Rubber Company, a special design of new rubber link mat has been perfected, the manufacture of which is well adapted to blind labor. Twenty-five workshops are now manufacturing link mats. This industry requires little capital to initiate, and the processes are easily learned by blind people. Furthermore, as it is largely an assembly job, the product may be standardized so that all mats are of a uniformly good quality.

Library Service and Home Teaching

The Foundation has always been interested in promoting library service for the blind. One of our first projects was to perfect machinery for interpointing which resulted in reducing the bulk and expense of braille books by upwards of 40 per cent. The Foundation then induced Congress to pass the Pratt-Smoot law under which $100,000 is appropriated annually for embossed books which are circulated by the libraries. In order to meet the needs of those who could not make satisfactory use of embossed books, the Foundation developed the Talking Book. It took the lead in a co-operative

effort to secure adequate appropriations for the Talking Book. The appropriations have been increased from $75,000 in 1935 to $225,000 in 1940. Congress has authorized an appropriation of $250,000, but unfortunately at present the appropriation is $25,000 short of this amount. Every home teacher should help in getting the Talking Book appropriation up to the amount limited by law. I would suggest that you make it your business to get acquainted with your local Congressman or U. S. Senator and tell him about the Talking Book, for if the members of Congress realize the value of the Talking Book, I am sure adequate funds will be made available. Perhaps you know some blind person who is well acquainted with a member of Congress, who could help in this endeavor.

The Talking Book Increases the Usefulness of the Home Teacher

When the Talking Book library was first started, there was a feeling on the part of some home teachers that the Talking Book might supplant braille and make unnecessary much of the work of the home teacher. I believe that the average home teacher now realizes that the Talking Book increases her usefulness by enabling her to bring to many of her clients the joy and satisfaction of reading which no amount of instruction in finger reading could have brought to a large proportion of them. While the Talking Book will never take the place of braille, it is interesting to note that in several libraries, such as those of New York and Chicago, the Talking Book circulation equals the braille circulation. In one large library in the South the Talking Book circulation is twice as large as the braille circulation.

Talking Book Machines

One of the most baffling problems in the early days of the Talking Book was how to supply the machines for reading them. The WPA has co-operated with the Foundation in cutting the Gordian knot. Today, of the 25,000 Talking Book machines in use in this country, 21,000 were supplied through the WPA project sponsored by the Library of Congress and supervised by the American Foundation for the Blind. The project is now at work on the production of another 1,000 machines. To date there have been made WPA grants for the construction of Talking Book machines and Talking Book accessories aggregating $1,120,500. This WPA project is also assisting with the repairs of government-owned machines. I am wondering if home teachers are having any difficulty in

getting Talking Book machines for all their clients. I think there are few states which do not have a reserve supply of machines, so no blind person who needs a Talking Book machine should be without one. If he can afford to purchase a machine, he can obtain one from the American Foundation for the Blind at the cost of manufacture. If he cannot afford to buy one, the home teacher should usually have no difficulty in obtaining a government machine for him.

Talking Book Topics

One of the many problems connected with bringing a maximum of library service to blind people is the dissemination of information regarding the books available. The Foundation has for five years published a quarterly magazine known as Talking Book Topics. This magazine includes reviews of all Talking Books issued during the preceding quarter. It is sent free to every Talking Book reader so far as we are able to obtain their names and addresses. About 20,000 ink-type copies are now being circulated, and we shall be glad to expand the number to include all readers. We realize that many blind people have difficulty in getting this magazine read to them. We could not afford to make a free distribution of the magazine on Talking Book records, but in March, 1939, we inaugurated a Talking Book edition of Topics, which is supplied to blind people at one dollar a year. This subscription does not cover the entire cost, but does make it possible for us to carry on its publication. We have less than 1,000 subscriptions to this edition. I feel certain that many hundreds of Talking Book readers do not know that the Talking Book edition is available. Home teachers can help by bringing this matter to the attention of readers who could easily afford to pay the one dollar subscription price. Perhaps seeing people would like to subscribe to the Talking Book edition of Topics for their blind friends.

PSYCHOLOGY AND THE HOME TEACHER

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A rapid survey of the literature on home teaching in the Perkins Library leads me to expect to meet this morning a group of people with high ideals and quite a specialized tech-

nique, fast developing a new profession—social work for the blind. If you have attained the standards set by your leaders, my paper will give you a little that is new; if a fair proportion of you are now on the way up to that exalted level, psychology should have a special message for you; for both groups—those who have arrived and those who are on the way—a review of the manifold ways in which psychology touches the daily life of the blind and the seeing should prove welcome.

I. *The Psychology of the Home Teacher*

There are at least two reasons why psychology should be an essential help to the home teacher: (1) since she should understand herself and be a well-adjusted member of society; and (2) since psychology has much to say about the technique of the interview and the details of successful teaching.

It seems to be generally conceded that a blind home teacher has certain advantages over one with sight, not only in the early despondent period of the newly blinded but throughout the whole period of rehabilitation. "Seeing is believing: if my blind teacher can lead a fairly normal life, so can I." But such a teacher can succeed only if she has herself arrived at a wholesome, poised social adjustment, and the study of psychology should contribute largely to this attainment. "Know thyself" through the comparison of your own mental experiences with those of the average normal adult discussed in the elementary textbooks such as Woodworth's Phychology (49),[2] and if you do not find yourself sufficiently portrayed there, try the books in mental hygiene (19) for minor deviations involving tricks of escape, and then go on, if necessary, to abnormal psychology (38). Be sure to talk it over with someone—a teacher of psychology if possible, a sympathetic friend otherwise—for you will be sure to find individual differences and personal idiosyncrasies which may cause you needless anxiety. Don't be too disturbed if you have a very active imagination so long as you do not confuse the real with the imaginary and fall into misleading statements. There is nothing abnormal about you if you have colored hearing—some great musicians have reported that a symphony in color always accompanies a symphony of sound; nor are you queer if you have number-forms with the digits arranged in a receding path off into space, or in a staircase figure, or as a series of terraces with a jump at each ten. Don't worry if you blush more readily than your friends

2 Numbers after names refer to the list of books and articles which appear at the end of this article.

(there may be some entirely creditable reason), and this is certainly better than not to be able to blush at all, whatever the provocation. As for your dreams, here is a realm in which everyone is queer, though psychologists can explain many of your experiences, and in most cases you will find it safer when troubled by your dreams to consult a psychologist than a friend, for the friend might tell! Collect and study your rationalizations and alibis and compare them with the cases in the books. Everyone uses such escape mechanisms occasionally, but only self-inventory can keep us from playing too many of these tricks upon ourselves. In the Teachers Forum for November, 1926, I have reported a number of everyday examples (20).

Illusions are entirely normal; if the sides of the street did not appear to come together we should know that our eyes were defective: blind as well as seeing believe that a pound of feathers is lighter than a pound of lead and will regularly select the larger of two blocks as the lighter, when they are exactly equal on the scales. But hallucinations approximate the abnormal and if you have delusions—unreasonable fears of persecution, extravagant ideas of your own importance or talents—or persistent unfounded anxieties and phobias, the psychologist should refer you to the psychiatrist for immediate and competent help.

For your convenience I have prepared a brief bibliography of titles for your study of yourself and your pupils. As a preliminary you may be interested to see how near you now come to the ideal home teacher according to Miss Ruenzi (42) in her paper before the American Association of Workers for the Blind in 1937. A home teacher, she says, should have a wide knowledge of human nature, a generous supply of common sense, a good sense of humor, a thorough knowledge and understanding of the many problems confronting the newly blinded, a pleasing personality, tact—"kindness executed with intelligence,"—good health; she should dress in good taste and be scrupulously neat; she should be known and respected in her community and able to participate creditably in social affairs and in club meetings.

On the technical side, also, psycholyogy should be able to contribute much help. According to Murray B. Allen, "The home teachers are the general practitioners of the service, called upon to diagnose almost every sort of malady and administer every kind of medicine." This is certainly the picture one gets from reading the English Handbook for

Home Teachers of the Blind (25) and from the lists of home teachers' duties published in America. Miss Ruenzi would require a high school education, thorough knowledge of all raised types, training in various handicrafts, ability to recognize the common eye diseases, and a period of practice to apply the ideas learned by study. Miss Lillian R. Garside (16) says that, in the early days, Massachusetts home teachers taught reading, pencil writing, braille music, hand and machine sewing, knitting and crocheting, chair caning, and some housekeeping; later they added pith and rush and press seating, basketry, raffia, tatting, and typewriting. Miss Isabel Scott (43) says that in Newfoundland a social worker must be teacher, nurse, agriculturist, housekeeper, navigator, journalist, stenographer, and friend.

In all these varied activities we may find both a psychology of learning and a psychology of teaching. Did you acquire your own special abilities in the most economical and pleasant way, so that you can use the same methods with your pupils, or do you think science might suggest better methods?

Here are a few rules of effective study listed by Dr. Guy M. Whipple (48) for high school and college students: form a place-study habit; form a time-study habit; begin work promptly; take on the attitude of attention but do not let intense application become fluster or worry; do your work with the intent to learn and remember; seek a motive and get rid of the idea that you are working for the teacher; make a duration of your periods of study long enough to utilize "warming-up" but not so long that you suffer from weariness or fatigue; when drill or repetition is necessary, distribute your work over several periods; after intensive application, pause for a time and let your mind be fallow before taking up anything else; use various devices to compel yourself to think over your work; work out concrete examples of general principles and apply your knowledge as soon as possible; in committing to memory a poem, declamation, or oration, do not break it up into parts but learn it as a whole; in committing to memory it is better to read aloud than to read silently, and better to read rapidly than slowly. Of course some of these rules do not fit some of the things you have found it necessary to learn; but psychology could find rules as suitable to your special tasks as these rules have been for the high school and college student. Perhaps your own mistakes in learning will help you to use better methods in teaching.

Psychology has a good deal to say about motivation, without which all teaching is futile, and the question of motivation is a fundamental one at your first contact with your prospective pupil. Your leaders seem to realize the importance of the first steps in overcoming despondency or lethargy in the newly blinded. Certainly wholesome, common-sense psychology may pave the way to co-operative effort. The general situation is very well pictured by John Vars, as quoted by Miss Lucy Wright (50):

The work of home teaching requires a knowledge of human nature and a tact that will enable the teacher to cope with all manner of characters and dispositions. We have always to remember that, while we are teachers, we have no real authority and must always allow our pupils to judge for themselves. We must remember that they are not children, but men and women who have reached maturity, used to directing, and not in the habit of being governed. At the same time we do not want to forget that, in the matter of what they can do best without sight, we certainly know much better than they what is best for them.

Human sympathy goes out to the blind woman who had to wait two days before she could get anyone to read to her a letter which she had been long expecting, and to the blind man who had never been allowed to do much for himself but got great satisfaction from being shown how to open and close a window. Great tact and indomitable optimism may be needed to convince the patient that "what is left of him is very much more important than what he has lost" (using Miss Lucy Wright's phrase), that it is possible for him to "gain light through work," that through occupational therapy he may be "recalled to life" and set on his way to useful citizenship again.

The strongest point of our work [writes Miss Garside] is, I believe, that we give our pupils something to think about besides themselves and their affliction. We visit them in the hope of teaching them some new occupation. But even when we fail in this, other good results may be accomplished. The mere fact that, although blind, we go about daily, visiting unfamiliar places, going up and down strange and difficult stairways, getting on and off all kinds of cars, and visiting and meeting new people—all this makes a deep impression and gives hope and courage.

Other hints from common sense psychology might be listed as do's and don't's: Don't move a blind man's belongings without warning him. Don't speak to him as if he were

deaf, or stupid, or a child. Don't remind him unnecessarily of his handicap nor make great effort to hide it. In reading him a letter don't mix in your comments, for it may not be easy for him to distinguish the text and the annotations. Build up his confidence in the possibility of intellectual activity without sight through the development of the other senses. Cultivate in yourself the faculty of clear and exact description to help the blind person visualize scenes and events. Help him in social orientation by telling him who is in the room and informing him when people enter or leave. Stimulate him to do his work well, to get a better mastery of his technique than a seeing person needs to assure security in his work. Give him frank, kindly criticisms of his product to help him improve it, not minimizing the difficulties.

Textbook psychology offers other helps. The technique of the interview, as developed in personnel work and business, might give hints to the home teacher who seeks to determine the student's fitness for one or another occupation or the likelihood that he will make a successful emotional adjustment to his handicap.[3] In the long series of visits for training, perhaps the psychology of suggestion would give the largest number of valuable hints. Suggestion is not essentially mysterious or magical though it seems to work like magic when properly used. You kiss away a child's hurt: you have done nothing to the bump, but you have distracted the child's attention from its injury to your love. Someone says "Aren't you feeling well today? You are looking pale." How many of us can resist the fear that our friend is right? How quickly we go to a mirror, test ourselves here and there, perhaps even resorting to the use of a fever thermometer. Many a story has been told of strong, healthy people being driven to their beds by joking friends who arrange to meet them in succession with the same awesome questions. And who can withstand bargain "ads" and the prospect of getting something for nothing? Why does a sarcastic remark hurt us more than frank criticism?

Suggestion may be briefly described as the process of getting into another person's mind an idea involving action, which the recipient responds to without a clear understanding or deliberate decision. If you see me yawn, or hear me yawn, (or perhaps if you merely hear the word "yawn"), you have an almost irresistible impulse to act upon the suggestion.

3 See the interesting Chapter 3 in Ruch's Psychology and Life (41).

Who could be sillier than the mother who left her children with the final command, "Whatever you do, don't put beans in your noses?" What child could resist such an idea? When you learned to ride a bicycle or to drive a car, do you remember how you were drawn to every tree or lamp post you looked at? Of course you did not want to run into them, but many beginners have done so, and only feel safe when they follow the wise rule, "Keep your eyes on the road you want to follow and neglect the things at the sides."

In dealing with people, old or young, suggestion has given us one of our most valuable techniques. Contrast the homes where suggestion is used, with those in which discipline and command are the rules of the day. How easy it is to get a little child to behave if the behavior is in the form of "helping mother" rather than as a severe restraint. What child has not sacrificed precious playtime when granted the privilege of cleaning off the blackboard for his teacher? Who has not seen other jobs accomplished through Tom Sawyer's technique in painting the fence? How much easier it is to get Junior to do a job if we let him do it his own way! Who can resist a suggestion that saves his face in an embarrassing situation and clears the air of a storm which would have come on the issuance of a direct command?

With your pupils then, suggestion should be a major technique. A hint rather than a command, a hope which may be rejected now but not forgotten, a promise of something better after the first step has been taken, a vision of the future in terms of what someone else with a similar handicap has done—all these suggestions may take root and bear fruit when the time is ripe, if we do not try to drive them in, to dominate, or to dictate. Your technique of leading the blind with his hand on your arm rather than the unenlightened method of pushing a blind person around with loud directions, gives us an apt analogy for the teaching of the newly blinded. Lead through your resourcefulness in ideas and their compelling value, but let your pupil follow if he accepts and approves your ideas, hesitating or even standing still if he is not ready to go ahead. When you make your first visit, your hints and hopes may produce no result, but they probably will not be forgotten. Presently the suggestion that what you have done, he can do, may lead to an open mind. Perhaps you will have to refer to the recent work on the learning of adults (which shows that at least up to the age of forty an adult can learn practically anything he will put his mind to) in order

to overcome the common excuse, "You can't teach an old dog new tricks." Mrs. Schaefer reports that she taught a woman of seventy-eight to read and write braille, to type, and to take up her tatting again. Doubtless many of you could match this case.

You may have to deal with the common belief that "one has to be in the mood" to do anything well: then promptly suggest that it is possible to get oneself "in the mood" by actually beginning the job, whatever it is. Probably you were taught in high school that, when you sat down to write a theme and felt you could not begin, you could arouse yourself and finally accomplish something good if you would only start and write anything that came into your head, throwing your successive trials into the wastebasket until you got warmed up and really accomplish something. According to the biographies of writers, many great works have been produced under pressure of poverty and on insufficient nourishment, in most unpromising surroundings. "Not being in the mood" would seem to be just another alibi, but one which might be frequently used by the handicapped.

Closely related to suggestion is the tendency to imitation which you may similarly call into play. A child who dares not skate or swim alone, may be stimulated to try when he sees others of his age skating or swimming, or when you offer to do either thing along with the child. A young pianist, slow at reading music, may gain stimulus and make great progress through graded piano duets. So with your timid pupil past middle life, imitation of what you can do, and the chance to do something along with you, may give the motivation needed. And every forward step, every new accomplishment, will serve as a suggestion of coming efficiency and the independence that comes with achievement.

II. *The Psychology of the Pupil: What Has Sudden Blindness Done To Him?*

Quite as important as the psychology of the teacher and the psychology he uses, is the psychology of the pupil. Some people think that the greatest contribution of psychology to education is its emphasis on individual differences and its insistence upon the adjustment of teaching techniques to the nature of the individual pupil. What shall we say about your pupils? Does blindness put them into a class or group in which similarity rather than difference is the rule? May we properly speak of "the blind" and generalize about them?

You are familiar with the debate on this question, and later you will perhaps be impelled to give your own opinion on the matter. In my reading I have found both blind and seeing writers voting both ways. "Without vision the blind lose so much that they must move, act, and feel differently from the seeing," writes one man. "The blind are difficult to manage in school or shop," writes an employer. "Unpleasant traits of selfishness and lack of regard for others' rights and privileges characterize many of the blind," writes a superintendent of a residential school. "The blind tend to be trustful and cheerful, while the deaf are likely to be distrustful and jealous," writes another. Dr. French (14) and Dr. Burritt (7) emphasize the differences rather than the similarities among blind people and object to the use of "the blind" as a class. Dr. Burritt writes:

Persons without sight differ, precisely as those who see, in capabilities, in tastes, in character—in short in all matters that go to make up personality. Some have keen intellects, some are dull and almost unteachable; some have a great deal of pride about their personal appearance, others are wholly devoid of any appreciation of its importance; some have strong, sterling characters, others are weak, easily led, and wholly undependable.

Dr. French points to the wide differences in degree of blindness, in age of becoming blind, and in the collateral effects of the cause of blindness.

Among blind writers we find many subscribing to Miss Kate Foley's (13) phrase, the blind are "just folks in the dark." Charles Magee Adams (1) says:

The facts show that the psychology of the blind differs from that of the seeing only in that the blind do not see.

Miss Lucy Wright (50) says.

Blindness is often the only thing blind people have in common, except the desire to seek common human goals—to walk and talk, and dance and sing, and work and play, exactly as all the rest do.

Winifred Holt (26) in her Handbook for the Blind and Their Friends writes:

Remember that blindness does not create a class in any respect beyond the possession of a common affliction. On the contrary, it emphasizes individuality instead of doing away with it. The blind man and woman must form their picture from a

hundred details which they substitute for sight. In most other respects they are sighted people in the dark. They still have the tastes, desires, ambitions, and passions of the seeing. Their calamity has not done away with personality or egoism. Probably these have been accentuated by abnormal conditions.

Javal (29) takes up the cudgels in defense of changes which he seems to think inevitable.

Egoism and vanity [he writes] are the prime motives of human actions: with the blind these faults sometimes assume excessive proportions. It is quite natural, indeed, that the blind [man], deprived of the most efficient means of self-defense, should be especially self-centered and preoccupied with the help that he can attract or demand from another; that he should think more of himself than of others better armed for the struggle. The vanity which one often meets in him finds its chief nourishment in the wonder expressed by those who notice every time he does anything alone.

After all, is vanity a vice? Is it not rather a motive which often leads to well-doing? That the blind [man] should devote himself to useful pursuits, that he should have the desire of working for another, that he should provide for the needs of his family in spite of his infirmity and take pride in it,—where is the harm?

"The moralists have said, 'Choke out thy pride.' I say, 'Justify it: it is the secret of all great lives.' " So writes Daniel Sterne.

S. C. Swift (45) thinks that the visualizing blind—those who have enjoyed vision long enough to see things in their mind's eye after sight itself is lost—have a psychology identical with the seeing, while those born blind build up a different universe and develop various peculiarities. Cutsforth (8) puts the matter still more strongly.

No single mental activity of the congenitally blind child [he writes] is not distorted by the absence of sight. Not a single sense escapes; the sensory equipment and processes of observing are organized quite differently in the blind from the normal seeing child. His social world, like his world of objects or perceptual world, is not the same world in which the seeing child lives.

In another place he writes:

Under the conditions imposed upon them by society, not one of these sixty thousand human beings has developed, or can possibly develop, a strictly normal personality. The reasons are wholly psychological.

From the instant the blind child is born, or from the in-

stant the seeing child loses his sight, psychological influences from within the individual and from his social environment begin to shape his process of growth. It is during infancy and childhood that the individual lays down patterns of behavior—attitudes, feelings, habits—which are to remain with him for life . . . . It is generally supposed that blindness represents the mere absence or impairment of a single sense. On the contrary, blindness changes and utterly reorganizes the entire mental life of the individual. The earlier this frustration occurs, the greater the reorganization that is demanded, and the greater also the effect of the frustration upon seeing individuals whose attitudes determine the hygiene of the blind.

In his paper for the 1939 convention of the American Association of Workers for the Blind, (9) Cutsforth expresses himself still more pessimistically:

Even in spite of the very best that the best of us can do . . . there is no such thing as a healthy adjustment for the blind. Instead there are two main types of maladjustments. One furnishes an egocentric state of security for the blind individual: the other furnishes pride and satisfaction to Society and their personality workers, and a more active and useful life for the blind.

When opinions differ so radically, science seeks an answer from tests and experiments: it raises the question of motive when opinions are so emotionally held, and it tries to get a wide basis of judgment to counteract the common fallacy of the "single case." Obviously the seeing public which knows very few blind people (and those the most conspicuous ones) is prone to attribute to all the blind the characteristics it sees in a few, just as the unscientific in general tend to form a stereotype of the professor or the business man, and then expect all professors and business men to conform to the type. Similarly the individual blind man objects to such group treatment, just as the professor, who is a human being after all, or the business man, who is not a rascal or a tyrant, refuses to accept the group portrait.

In this, modern psychology supports the individual, and points to the long list of studies which show that, in any large group, the differences are more numerous than the similarities. Think of the long struggle of woman for equality in a man-made civilization, and then consider the recent dictum of a famous psychologist that, if you were seeking two groups in which there is the widest intellectual difference between the groups and the greatest similarity within the groups, you could hardly make a worse choice than to have one group composed of men and the other of women. Measure a thou-

sand high-school boys and a thousand high-school girls: you may find differences in the average attainment of the two groups, but think of the individuals above and below the average in both sexes, the best in either sex being from two to three times as good as the poorest in any trait we measure.

Of course we shall continue to use "the blind" in popular speech just as we use "the young" or "the old," but we must remember that we are no more accurate than when we say "The sun is going down in the west." We are perhaps justified in claiming that "the young" take greater chances with automobiles, that "the unmarried" take greater risks with airplanes, and that "the old" are more cautious on slippery pavements. In the same sense we may group "the blind" together in any situation in which the fact of blindness may handicap them all. It seems quite plain that "the blind" must have a dread of bumping into things, which is not shared by the seeing, and it is probable that they are more cheerful about the bumps they get than is the case with seeing people, who have the experience less frequently. We are not justified, however, when we generalize and deduce corollaries: because the blind share some one characteristic in common, it does not follow that they share others. We may speak of "the college student," "the social worker," "the teacher," "the minister," without criticism so long as we limit our statements to the special elements which they share; but every measurement of a group of college students or ministers or salesclerks shows enormous individual differences and, outside of the characteristic which they share in common, they may be as unlike as they are alike in the trait which has attracted attention. For scientific purposes "the blind" is hardly more significant than "the rich" or "the highbrow."

But psychology has also some specific results to quote, since experimental and statistical studies have now been carried on with blind children for a considerable number of years. We can now speak with reasonable assurance on the intellectual life of the blind: we are less positive about the emotional and volitional life, though clinical studies have some contributions to make which, however, may seem to raise as many issues as they settle.

Two questions on the sensory life of the blind have provoked much interest and discussion—sensory compensation and facial vision. You may have seen my review of the extensive literature on these two topics in the Outlook for the Blind (21, 22). Suffice it to say here that there are enormous

individual differences among blind people in both these functions; that compensation is not a God-given equalization for the loss of vision but must be earned by careful attention to sensory cues which are relatively unimportant and thus neglected by the seeing; and that, while experimentation has been inadequate to give a final explanation of facial vision, we see no reason why it may not ultimately be analyzed and its elements tabulated by more refined methods.

We know a great deal about the memory, intelligence, vocabulary, reasoning ability, and school achievements of blind children and shall assume that there is no very great change in these functions as they pass from the teens into the twenties and thirties. These topics were discussed in my paper read at Lansing before the 1938 convention of the American Association of Instructors of the Blind (23). In general I may say that, in memory as in sensation, compensation is not a gift, but the reward of persistent effort motivated by the desire for social survival and success in life. Blind people with "wonderful" memories have built constructively upon a good basis of native retentiveness; blind people with poor memories did not start with a good nervous equipment or have not made good use of what they inherited—just as is the case with poor memories among the seeing.

Our conclusions on intelligence are not quite so definite since the primary purpose of our testing has been not to compare the blind with the seeing, but rather to determine which children have enough mentality to be educable and therefore suitable for admission to a residential school, and, within the school, first to assist in classifying them into grades and later to see whether their school attainment corresponds with their ability. Having used our adaptations of the Binet individual tests and various group tests of intelligence on several thousand blind children in schools all over the country, we have a good deal of confidence in our tests for children up to the middle teens. So far as we have made comparisons with the seeing, we feel safe in saying that in intelligence blind children show about the same retardation as is indicated by their grade classification—from one to two years in some schools and grades, from three to four years in other schools and grades. Slowness in tactual reading is doubtless a major cause for both types of retardation, limiting the range of general reading and setting definite limits to incidental learning. A natural result is a very limited vocabulary and retardation

in most kinds of reasoning which depend upon linguistic aptitude and experience.

A few illustrations from the Binet tests themselves may make this point clearer. The Binet comprehension tests, for instance, demand reasoning of a simple type since they require the child to meet a situation for which he has no ready-made or habitual solution. A four-year-old is asked, "What must you do when you are sleepy?", a six-year-old, "What's the thing to do if it is raining when you are out playing?", and an eight-year-old, "What's the thing for you to do when you have broken something which belongs to someone else?", a twelve-year-old, "What ought you to say when some one asks your opinion about a person you do not know very well?" In comparison to the seeing standards, blind children test practically at age on the four-year questions, are retarded at least a year on the six-year questions, two or three years on the eight-year questions, and four years on the twelve-year questions; i.e. they fall progressively farther behind as the questions increase in difficulty of solution.

Similar retardation is found in their answers to questions requiring them to give the difference or the similarities in a group of objects, such as the seven-year test "What is the difference between an orange and a ball?" and the ten-year test "In what way are wood and coal alike?". A somewhat different type of reasoning is required when a child is asked to construct sentences containing two or three given words; while we readily recognize as "thought" questions such problematic situations as the nine-year test, "A little boy is coming home crying, and holding a paper bag with a hole in it. What has happened?", the twelve-year absurdity test, "And engineer said that the more cars he had on his train, the faster he could go. What is foolish about that?" Then there are the interpretations of fables, the completion of analogies, the reversal of clock hands, and various other problems in arithmetic and the handling of concrete ideas or objects.

In all these tests fairly normal curves of progress from year to year are obtained, but the level of these curves is from two to three years below the seeing in the earlier tests, three to four years below the seeing in the tests of the lower teens, with greater deficiency in the final tests. Of course there are individual exceptions—children who are far above or far below the average—but in general we must say that the handicap of blindness produces a definite retardation in all phases of mental life: which is perhaps just what we all expected.

The level of success in school work is indicated by my recent reports (24) in the Teachers Forum based upon the use of standard achievement tests.

For our scientific evidence on the effect of blindness upon the emotional and volitional life—that phase of the question upon which blind and seeing writers disagree so heartily within and without their groups—we must turn to clinical reports and more or less sporadic attempts to study small groups of blind school children. To Thomas Cutsforth must be given full credit for bringing forcibly to our attention the adverse effect upon blind children of many time-honored methods of treatment in school and society. I think he is fundamentally right in his emphasis on the tremendous effect of frustration upon the human soul, blind or seeing, and that the psychiatric approach, through a study of motives and attitudes, points the way to an improvement of conditions through a wiser social and school program dominated by the principles of mental hygiene. Already serious students are working upon problems concerning the personality of the blind from the nursery to the university, and your group of blinded adults should be the next field for study. You are doubtless familiar with the pioneer work done by Dr. Kathryn Maxfield (33) at the Arthur Sunshine Home, and may have heard of Miss B. E. McKay's (34) application of the Vineland Social Maturity Scale to pre-school blind children. Miss Nancy Staver (44) one of my students, wrote an honor paper in psychology based upon some months of testing and observation of a number of blind babies, which sheds much interesting light upon their development. This paper is still in manuscript form, but I have quoted a section from it in my Lansing, 1938, paper (23) mentioned above.

Infancy and early childhood are now believed to be vital periods for character formation. Many of a child's personality traits are probably pretty well settled by his early experiences in the home, and very skilful teaching is required to alter his emotional and volitional tendencies after he enters school. This seems markedly true of the blind, perhaps because on the average they enter school late and so may have suffered an extended period of frustration in an environment where they are not understood. Every school for the blind has its spoiled babies, and various recent writers have given us vivid case histories. Dr. J. M. Ritchie (40) furnishes two striking examples of ill-advised treatment in the home

Frequently [he writes] when the little boy or girl is first admitted, he has been spoiled by misdirected kindness. Everything has been done for him, with the result that he is totally unable to perform the simplest duties for himself. Two actual cases of this may be cited by way of illustration. A boy of fourteen, when first brought to school, was found to have spent his whole life in bed. His grandmother who had charge of him thought that this was the best and surest way of avoiding the many dangers of an active existence. He put on two stones weight in the first six weeks of his stay at the school and became a sturdy lad, but, of course, the years that he had lost were so many opportunities for education and social training that had gone forever.

The second instance is that of a boy of eleven who, as a result of similar over-anxiety on the part of the parent, had never been allowed to walk. When brought to the school he looked hopelessly paralyzed, yet no trace of organic disease could be found, and in a fortnight he could find his own way along corridors and upstairs. It will readily be gathered from such extreme examples that, even in the average case, social training in the most elementary details forms no inconsiderable part of the curriculum of the younger classes.

Emil Fries (15) gives some contrasting pictures of young American blind children.

Billy came from a family of four children living on a large wheat farm in eastern Washington. He had been used to playing an equal part with his brothers and sisters in their various games; in addition, he rode horseback, wrestled with the calves and colts, and did his part of the chores. Needless to say, when Billy came to us at the age of six, he could dress and feed himself fairly well and was an active leader among his playmates.

Frank has a cultured home and an only sister. He had been petted and pampered from the day he was born. At the age of eight he entered our school, but he could neither dress nor feed himself. And what is worse, he did not want to learn. He had always been mollycoddled and never permitted to do anything for himself. This treatment had been so ingrained in him that he sulked and rebelled at the thought of being treated differently. Yet, under his stubbornness he was brilliant. His is an extreme case, but suppose he had been left to grow to manhood under conditions similar to those in his own home? If you will keep him in the same environment and then picture him at the age of twenty, you ought to know why so many blind individuals acquire eccentricities and become selfish and egotistical.

Joe is the most interesting of all. His parents are religious and cultured. When he came to us at the age of seven, he was

able to dress himself and get along fairly well at the table, but he was a typical "mama's boy" in every respect. According to her, he knew no bad habits, and vulgar language could never be uttered by her dear little Joe. However, the other boys of his own age would not play with him. To them he was a sissy. He had a malicious streak that was hard to deal with, and in addition knew more obscene language than all the rest of the boys put together. He was quite active but unable to apply himself. He had never been allowed this privilege.

A few personality surveys have been made in schools for the blind, all of which tend to the same conclusion—that the essential difference between the life experiences of blind and seeing children is the constant frustration of fundamental human urges resulting from the handicap of blindness. There have been many attempts to list these fundamental drives. Mr. C. S. Glover (17) makes clever use of Dr. Cabot's list of four irresistible cravings of human soul—work, love, play, and worship.

The most obvious need of every blind person [he says] is *work*. His most serious problems, both economic and social, are usually attributable to the lack of it. Those who are energetic and resourceful find for themselves some occupation, which, occasionally, is the expression of exceptional talent or genius; but a far larger proportion have to accept work which is inadequate in the satisfaction it gives and often unprofitable.

Frustration of the craving for love, affection, oneness with others, is one of the most subtle and cruel corollaries of blindness. The taboos that obscure both the discussion and the treatment of this situation, cause many workers to ignore it or to become heartlessly dogmatic in attitude. It is doubtful whether or not anyone who has not personally experienced the heartaches of these emotional deprivations can understand them.

The spirit of play is too fundamental in human nature to be stifled without dire consequences. Lack of sight makes impossible the most popular forms of recreation, and imposes a degree of social isolation and physical inertia which menace mental and bodily health. To judge the significance of this aspect of the problem one must study the personality and discriminate between habits that are common to all people and those that have been superimposed by blindness.

The importance of worship as an emotional outlet varies widely with individuals. The general assumption is that it has a more dominant role in the lives of blind persons than it can claim generally. A wholesome cultivation of this emotional outlet is eminently desirable, but a worker with blind clients must be alert to discourage fanatical or morbid excesses.

Dr. R. S. Woodworth (49), in the fourth edition of his famous Psychology, published in 1940, lists three fundamental unlearned motives, or demands, which the individual makes upon his physical and social environment—the demand for security, with avoidance of the painful, unpleasant, or objectionable; pleasure, with the tendency to approach and appropriate the pleasant or desirable; and achievement, with the tendency to explore and manipulate the strange, to meet and conquer obstacles. When these desires are satisfied, the individual is normal, happy, adjusted to life; when they are denied or frustrated, we have abnormal behavior, escape mechanisms, neurotic symptoms, perhaps maladjustments which throw life completely out of gear with the environment.

In the blind we naturally find the same two types of adjustments which are displayed by seeing children who are thwarted: (1) violent objection to their dependent, circumscribed state (the fighting reaction), irritation with its useless nervous symptoms often resembling tics ("called blindisms"). the long list of speech difficulties, compensatory efforts such as those with which recent studies of the inferiority complex have made us familiar including egoism, eccentricity, exhibitionism, pugnacity, bravado, excessive verbalism; and (2) the surrender adjustments characterized by withdrawal, introversion, and phantasy.

Mrs. Sina Fladeland Waterhouse (47) presents the situation forcibly by citing four ways in which blindness acts as in adverse personality factor: (1) It inhibits normal physical activity and limits the source of stimulation; (2) it thwarts wish fulfillment; (3) it increases nervous and physical strain; (4) it makes the individual an exceptional member of his group.

Similarly Dr. Anita Mühl (39), after her survey of the California School for the Blind lists as primary characteristics of blind children: (1) a lack of initiative due to emotional blocking more than to physical causes; (2) feelings of inferiority often compensated for by bravado; (3) worry about the present and the future; (4) a varied phantasy life, of a wish-fulfilling or sadistic nature.

Dr. Cutsforth and Miss Elinor Deutsch (10) report similar findings. The latter finds blind children claiming more vision than they have and so refusing to join the blind Boy

Scouts; doing things that will lead to their being scolded or punished, such as coming to class late or annoying their teachers, apparently just to gain attention; professing to have no desire for vision in itself, but only as a means of gaining independence of the seeing.

Dr. Ritchie (40) describes a defense mechanism which Cutsforth calls "verbalism":

It is a common weakness of many blind people to indulge unduly in big words, both in speaking and in writing. The modern cult of the conversational in style leaves them cold. They roll the polysyllabic phrase lovingly around the tongue and quickly respond to like eloquence in others. That such a trait is allowed to persist after school days is a reflection on the current teaching of English, for the misuse of words is, in most, an eradicable failing; but the real point at issue is that to a degree distinctly greater than among their seeing comrades, blind adolescents and adults have a tendency towards this weakness . . . . Can the verbal exuberance of the blind man be fitted into any such [simple] category? Can we not trace in this mental phase a revolt against the galling conviction of his inferiority? His subconscious mind sets about redressing the balance. If he is handicapped in regard to vision, there are other regions of activity in which no disability exists. The use of words is one of these, and he strives by an exaggeration of literary language to show his superiority to the average man. For the same reason he makes much of the mistakes that seeing people commit. "Just the silly sort of thing a sighted man would do!" he says, and smiles complacently at the immunity of himself and his friends from such blunders.

Dr. Ralph Merry (36) views the effects of frustration from still another angle.

Certain tics and mannerisms [he writes] have become so closely associated with lack of vision that they are known generally as "blindisms." The more common of these mannerisms are: (1) rocking the body backward and forward; (2) putting fingers or fists into eyes; (3) twirling rapidly round and round; (4) shaking fingers before the face; and (5) holding the head bent forward. . . .

Although many reasons for the existence of "blindisms" have been suggested, little seems to be known as to their actual cause. One of the most widely accepted theories is that these habits are a substitute for natural physical activity which is thwarted by blindness. . . .

Certain mannerisms, such as putting fingers in the eyes and holding the head forward may have their origin in ocular irritation. . . .

In surveys of two large eastern institutions for the blind Stinchfield found that 48 per cent of the pupils exhibited major speech defects. . . .

It is possible that unfortunate pre-school conditions and diseases causing blindness may account in part for the prevalence of speech defects among children without sight. Emotional disturbances, also, may be a contributing factor, and these maladjustments may occur more frequently among pupils in schools for the blind than among seeing children in a normal environment.

In another place Dr. Merry writes:

It seems probable that, as in the case of other personality difficulties, speech disorders are caused more frequently from conditions arising from lack of vision than from blindness itself. Thus, the tendency among many parents to regard their blind children as babies much longer than is the case with their seeing children may be directly responsible for the presence of speech defects, such as lisping and baby talk. . . .

Stuttering and stammering often are caused by emotional disturbances and mental conflicts which have to be eliminated before these defects can be remedied. It is possible that the conditions resulting from blindness are more productive of these emotional disturbances than are the conditions surrounding the majority of seeing children.

On the whole it would seem that adjustment to the thwartings due to blindness have been very successful, if one may draw conclusions from the results of the Doll Social Maturity Scale. This instrument attempts to determine the degree to which an individual has adjusted himself to the demands of his environment by checking him up with a standard list of activities graded by age. Does the little boy from five to nine wash his face unassisted, play competitive games; can he be trusted with money; does he go to bed unassisted, tell the time to a quarter hour, use tools and utensils, perform routine household tasks? After ten years of age does he go about his home town freely, write occasional short letters, make telephone calls, enjoy books and magazines? At fifteen does he exercise complete care of his dress, buy his own clothing accessories, engage in adolescent group activities? At

twenty does he go to distant places alone, look after his health, go out at night unrestricted, control his own major expenditures? The scale yields a Social Quotient which may be as important an indication of maturity as the better known Intelligence Quotient. Miss Katherine P. Bradway (2) reports upon the use of this scale with all the children blind from birth or before the age of four years in a typical eastern residential school for the blind. In all there were seventy-three children tested. Miss Bradway finds the average Social Quotient only 62 for the blind, as compared with 80 S. Q. for the deaf and 100 S. Q. for the seeing. Of course a number of the items in the scale are difficult to perform without vision, though all are possible, since blind adults have been found who pass them. The use of the scale in another school (12) brings the average for the blind up to that for the deaf, but even at 80 S. Q. a much larger deficiency exists than we have found in the case of intelligence and school achievement. Possibly greater attention to the items in which an undue proportion of blind children fail may raise the average score; and possibly the scale should be modified when applied to any group of handicapped children.

Two particularly difficult problems appear in adolescent and bring with them the dangers resulting from frustration—how to earn a living and how to attain a normal married life. In spite of the success of blind people in a long list of occupations and the efforts of the schools to prepare their pupils to compete with the seeing by giving the blind a much more thorough training, hard times and unemployment are hardest for the handicapped, and many educators fear that increased Federal aid for the blind may injure them by lessening their initiative and ambition.

Charles B. Minner (37) has graphically portrayed the plight of superior blind youths who go on to higher education, only to find that their long years of study do not assure them a living wage or work that gives them the joy of achievement in activities suited to their talent or training.

Miss Gretta W. Griffis (18) undertook a study of the adjustment problems of adolescents with defective vision, using two standard personality measurements and a questionnaire of her own with 142 students in residential schools, from fourteen to twenty years of age, having defects of vision ranging from one-tenth normal to total blindness. In general she

found no clear differences in the personality scores of the blind subjects and a control group of seeing students with whom they were matched, but many significant facts came out in her interviews. I will quote what she says about the second major adolescent problem mentioned above, how to attain a normal married life.

Throughout this study [she writes] it was necessary to exercise great care when considering any point of a sexual nature, but it was impossible to interview these 142 students without gaining some insight into their attitudes toward sex. In some cases these attitudes were similar to those one would find among any normal group of high school students, but in a large majority of the cases the blind students manifested extreme embarrassment whenever any matters of a sexual nature were mentioned, or vehemently denied any interest in the opposite sex. These unwholesome attitudes toward the problem of sex can only be expected when we consider the stand which the institutions take toward this problem among their students. Only on rare occasions are the students of the two sexes permitted to mingle freely. Any interest in the opposite sex, if detected by the authorities, is immediately suppressed. The students are continually aware that their future sex life will probably be abnormal. Marriage among the blind is usually fraught with much difficulty. For the blind boy there is some hope of marriage with a seeing girl, but for the blind girl there is little hope of marriage with other than blind boys. The superintendent of one of the schools visited stated that, among all the girls graduated from the institution during his forty years of service, only one had married a man with sight.

The larger proportion of causes of blindness among our group are congenital, and for these students there is the ever present fear that their condition is hereditary. This knowledge cannot help but influence their attitude toward sex problems. Many of the students are afraid of the opposite sex, and in some cases the writer was asked how one should act in the presence of a member of the other sex.

Rapport was difficult to obtain with many of the students because of a deep-seated suspicion. This was especially true in one of the institutions where discipline was more rigorous. The students feared the information they divulged might be used to their disadvantage. In many cases the suspicion was difficult to allay.

It is frequently said that introversion is a very common result of the thwartings caused by blindness. "It is patent," writes Dr. Ritchie, "that the effect of blindness will be to drive a man in upon himself and so aggravate introspection."

Bürklen (6) quotes a striking account of the process contributed by E. Haun, whose sight was lost in the susceptible years of his youth.

The day [on which he realized that he was blind] marked a turning point in my life. That is why it is so clear to me, so imprinted on my memory. On that day I passed out of the world of seeing men. Not yet did I enter the world of the blind, but unconsciously I approached it. I stepped into the world which was to become my own universe,—into the world which I created myself, the world of my imagination. Still not clearly, at first only vaguely, I dimly perceived that in the world of harsh reality I would not have my own realm. There originated within me—was it my own creation?—a new, though still a very narrow, little world: a world in which I could not rush against trees or plunge into a hole: a world of my own thoughts and sensations. A quiet little seed of happiness sprouted within me, the thought: You have your own home! You have your own soil on which you may dwell in freedom, from which no one—no one in the wide world can ever eject you.

To obtain statistical evidence upon the prevalence of withdrawal, introvertive tendencies in the blind, and to see whether other types of neurotic behavior were more common than among the seeing, Dr. Paul A. Brown (4, 5) recently made a study of 218 blind adolescents between the ages of sixteen and twenty-two years in six residential schools for the blind. As tools of research he used the Neymann-Kohlsted Diagnostic Test for Introversion-Extroversion and the Clark Revision of the Thurstone Personality Schedule. His control group consisted of 359 sighted high school seniors. With the introversion-extroversion test he found no significant differences in total score between the blind and the seeing (the same result Miss Griffis had reported after her use of this test), but an analysis of the atypical responses seemed to indicate an extroverted trend among the blind boys and an introverted trend among the girls. No similar differences were found in comparing the seeing boys and girls. Brown suggests that these differences among the blind may result from differences in the way boys and girls are treated in residential schools, the boys being somewhat more successful in compensating for their feelings of inferiority. The Thurstone Personality Schedule indicated a greater "neurotic tendency" among the blind than among the seeing, and greater among the blind girls than among the blind boys. An item-analysis in-

dicated that the blind were more apt to respond in an atypical fashion, while the seeing tended to respond in a well-adjusted fashion. The girls, both seeing and blind, tended to give more atypical responses than the boys. A comparison of items with respect to average scores seemed to arrange the groups, in order of decreasingly desirable adjustments, as follows: seeing boys, blind boys, seeing girls, blind girls.

So far as I can discover there has been no strictly scientific study of the adjustment problems of people who have lost their vision after living as seeing individuals for a considerable number of years. Of course you are familiar with the various biographical accounts like Clarence Hawkes' Hitting the Dark Trail and Rene Roy's The Night's Candles; you may have consulted Lawson's (29) report of the difficulties encountered in re-educating blinded soldiers at Dunstan's (11) graphic account of the depression experienced by civilians whose sight has begun to fade, their tendency to question medical diagnosis and to visit quacks whose advertisements raise false hopes of recovery: you have doubtless read Villey (46), Javal (29), Latimer (30); and Alice Bretz (3). From many of these books, and from the articles listed in Miss H. Lende's Books About the Blind (32), especially the sections on Personality Problems and the Emotional Life, and on Social Case Work and Home Teaching, many striking facts and useful hints may be obtained, from which you may supplement your own impressions of the newly blinded group with which you have so much to do.

In summary let me review the main lines of our discussion. Believing that psychology has a message for all people who try to influence the lives of others, we first considered the ways in which psychology might assist the home teacher in understanding herself and in improving her technique in teaching. Then we passed in review the information we could assemble on the psychology of blind pupils, first presenting testimony on the question whether there is a special psychology of the blind and then citing the evidence from tests and experiments on the intellectual life, and the clinical and observational evidence on the volitional and emotional life of blind children, and adolescents. Perhaps one of you will write a psychology of the blind adult.

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THE DEAF—BLIND

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I can do little more than touch briefly upon the problems of America's deaf-blind. Our problems are similar to those of the hearing blind—chiefly, economic and social. The only difference is that in the case of the deaf-blind, the problems are more pronounced.

The question of identity and population would seem to come first. Who are the deaf-blind? How many are there in America? Since there is no legal definition for the doubly handicapped blind, I have identified the deaf-blind as follows: "Any person legally blind (20-200) whose deafness is such that he cannot participate in normal activities that require the use of hearing." I think that adequately sums up the identity; it eliminates technical phrases that are cumbersome and often misunderstood.

There were no available statistics on the deaf-blind. I had to begin my survey at the bottom. Leaders in work for the blind told me "you will not find more than 100 adult deaf-blind who are capable of understanding." They meant by that statement that not more than one hundred blind with

total or partial deafness could read braille and assimilate ideas.

The error of such belief is akin to other fallacies entertained by those who do not know the deaf-blind. I have names in my files of 939 blind persons who come within the scope of my definition of the deaf-blind who read braille, and every one of these 939 reads Grade 2.

As to the exact figures of the deaf-blind population, I would not hazard a guess—I know that there are about 4000. We may roughly divide them into three major groups—those who read braille; those who are learning to read braille and those, who by reason of age and infirmity, will never be able to accustom themselves to the methods of the blind.

One of our greatest difficulties in surveying the deaf-blind, was the reticence on the part of the blind who have partial hearing to be classified as deaf-blind. For example, I questioned a man living in New Hampshire about his defective hearing. This is what he wrote back to me; "I am not deaf-blind; I just cannot hear people talk." Well, if he isn't deaf, then what is he? That seems to be the prevalent answer from so many of the blind who still have partial hearing.

Certain of the social and field workers for the blind, being unfamiliar with the method of communication with the deaf-blind, report them to state divisional superiors as "mental defectives". I want to stress this point here, that the deaf-blind are not "mental defectives." It is true that because of their double and triple handicaps many of them are mutes. They have certain peculiar psychological characteristics. But the same, as you know only too well, is true of the blind who hear. Why, then, the stigma of "mental defectives" upon the deaf-blind?

As in the case of the hearing blind, the great enemy of the deaf-blind is stagnation. Lack of something to do to occupy their mind increases isolation an hundredfold. You who have come in close contact with the deaf-blind have done well. From every corner of the country my correspondents have nothing but praise for the home teacher. I urge you all, however, to redouble your efforts in mitigating, insofar as it is within your power, the cruelty of isolation and despondency.

I have not touched upon the deaf-blind child. The limitations of our meagre resources will not permit the American League for the Deaf-Blind, Inc. to concentrate upon this vital phase of human necessity.

Our schools for the blind have, in recent years, inaugurated a course of intensive training for the deaf-blind child. Perkins Institution now has some eighteen children enrolled in its deaf-blind department. The New York Institute for the Education of the Blind is now equipped to handle the problems of the deaf-blind child and, to a lesser extent, the several state schools for the blind are establishing special classes for the deaf-blind child. In all, I believe that this year will see about fifty deaf-blind children being educated in the schools for the blind.

I have been asked if I can endorse the theory that the sighted schools for the deaf can best cope with this phase of education—the deaf-blind child. My answer is an emphatic no! Our sighted schools for the deaf have demonstrated their efficiency in teaching and preparing the sighted deaf child to take his place in normal society, but I strongly emphasize the necessity for keeping our deaf-blind children in the schools for the blind.

Passing over Laura Bridgman and our beloved Helen Keller, I point to the recent development of deaf-blind education in the schools for the blind. Individual guidance and vocational training have been stressed and the children have been tutored in the methods of the blind—methods which are adaptable to their particular requirements.

So much for the children. I thank God that I have lived to see the day that the deaf-blind child can take his or her place in the classroom and receive the fundamentals of an academic education. It is the case of the adult deaf-blind man and woman that I plead, who must dwell forever in the silent shadows locked in their double prisons. I plead for closer cooperation with the American League for the Deaf-Blind. I plead for your helping hand that you may aid me to push away the clouds of dispair and let the sunshine flicker into the hearts of my brothers and sisters.

BUSINESS SESSION

At the meeting Saturday morning, September 7, 1940, the president Mrs. Stevens, presided and called for the roll call of states. There were responses by delegates from Connecticut, Delaware, Maryland, Massachusetts, New Jersey, New York, Pennsylvania and Rhode Island.

Following the roll call there was a business session. Miss Lybrand, chairman of the resolutions committee, presented a report for that committee which called for a rising vote of thanks to the president, Mrs. Stevens, the chairman of the local committee, Mr. Mack, and the secretary of the conference. It also called for a letter of thanks to the management of the hotel, to Walter G. Holmes, Dr. Edward E. Allen, Dr. Olin H. Burritt, Robert I. Bramhall, Frank C. Bryan, to each of the program speakers, to the musicians, to the vocalist who assisted at the Wednesday evening meetings, and to the members of the committee who arranged the exhibits. A resolution was also submitted requesting the secretary to write to the Library of Congress suggesting the production, in record form, of some light fiction and possibly the issuance of records containing several short stories culled from current magazines. A resolution was also presented which instructed the secretary to write to the Library of Congress requesting that provision be made for the loan of Talking Book appliances during the interim when such appliances have been removed from the homes for repair purposes. Another resolution instructed the secretary to send letters of thanks to Congresswoman Mrs. O'Day and to Senator Wagner for sponsoring various bills furthering certain benefits for persons who are blind. A resolution was also submitted requesting the secretary to send letters of thanks to the A.I.C.P., the Industrial Home for the Blind and the Brooklyn Bureau of Charities for entertainment provided and for courtesies extended those organizations to conference members.

The report of the committee was accepted and adopted.

Brief mention was made of the service to the work by the late Mrs. Mary E. Roberts and Charles W. Holmes and out of recognition for their work and in respect to their memories, the delegates were requested to stand and bow their heads for a moment in silent expression of appreciation.

It was voted: To donate $25 to the National Braille Press in appreciation of the contribution made to the home teaching field by the publication and issuance of the magazine "The Home Teacher."

It was voted: That a rising vote of thanks be extended to the magazine and its editor for the benefits which have been made possible by the publication.

It was voted: That $10 be presented to the Marie Bloede Club for Blind Girls, provided funds are available in the treasury for such purpose.

Miss Bertha M. Johnson, treasurer, submitted a report as of September 4, 1940. The report showed that the balance in the treasury as of September 6, 1938 was $193.64. Receipts included $52 from registration fees and $106 from membership dues, making total receipts of $351.64. Expenditures included a $10 honorarium to Rev. Mr. Bastow and $15.46 paid to Miss Goldthwaite for traveling expenses, leaving a balance in the treasury as of September 4, 1940 of $326.18.

In the absence of the chairman, Miss Lydia Y. Hayes, the report of the nominating committee was made by Miss Lorraine N. Berger, as follows:

President—Miss Ivie M. Mead, Connecticut
Vice President—Francis J. Mack, New York
Secretary—Stetson K. Ryan, Connecticut
Treasurer—Mrs. Prudence Patterson, New York

Executive Committee

Miss Lorraine N. Berger, Connecticut
Miss Mary J. Cherlin, Rhode Island
Miss Ethel Crooks, Pennsylvania
Miss Cora A. Fitton, District of Columbia
Cortez Godshall, South Carolina
Miss Lydia Y. Herrmann, New Jersey
Miss Margaret R. Hogan, Virginia
Miss Mary Hugo, Ohio
Neil C. Johannesen, Maryland
Miss Beulah C. Kelley, Vermont
Mrs. Marion Mauldin, Delaware
Miss Charlotte N. Newing, New Hampshire
Miss Loretta Noonan, Massachusetts
Miss Ruth Williams, New York

The report of the committee was accepted and the secretary was authorized to cast one ballot for the names mentioned. This was done and the officers nominated were declared elected. Miss Mead, the newly elected president, was called to the chair by Mrs. Stevens and was asked to preside during the closing moments of the conference.

The meeting was then adjourned.

Stetson K. Ryan,
Secretary.

IN MEMORIAM

MARY EMMA ROBERTS

Mary Emma Roberts, who died May 12, 1939, was unusually well qualified to serve usefully as a Home Teacher in Massachusetts, where she began her teaching duties in March, 1910, continuing there until her voluntary retirement in 1935.

Mrs. Roberts, while a pupil at the Perkins Institution and Massachusetts School for the Blind, was a leader in suggesting and adapting games for the enjoyment of the younger pupils, and was beloved by them. In later years she was an excellent teacher of music to both seeing and blind students.

She was a devoted wife and mother and met the responsibilities of family duties during a long and serious illness of her husband. These experiences helped to fit her to fill most efficiently the position of Home Teacher on the staff of the Massachusetts Division for the Blind, in which capacity her patience and perseverance in overcoming obstacles was modestly passed on to all who came in contact with her. She recognized the best in each of her pupils and encouraged them to develop their abilities to the utmost. She was devoted to her work, and her sincerity and winsomeness endeared her to her fellow workers.

At the sessions of the Eastern Conference of Home Teachers at Philadelphia, in September, 1934, the membership presented her with a testimonial scroll on which were inscribed the words:

> Unselfish in her devotion; cheerful in ministrations; faithful in her engagements; others have had life, more abundantly, because she has lived.

Lydia Y. Hayes

REGISTRATION

There were seventy eight delegates who registered at the conference desk, but these figures did not represent the attendance at the sessions, since the registration included mostly the membership in the organization, which is limited to active and retired home teachers, to executives in organizations employing home teachers, and supervisors of home teaching departments in such organizations. The registration figures were as follows.

New York	31
Pennsylvania	13
New Jersey	12
Massachusetts	10
Connecticut	7
Rhode Island	2
Delaware	1
Maryland	1
South Africa	1
	78

MEMBERSHIP ROSTER

CONNECTICUT

*Berger, Miss Lorraine N.
5108 Main Street
Long Hill Section
Bridgeport

Hait, Mrs. Marjory B.
Board of Education of the Blind
State Office Building
Hartford

Hopkins, Miss Effie Leath
Board of Education of the Blind
State Office Building
Hartford

*Jaenicke, Miss Viola
30 Quentin Street
Hamden

*Keller, Dr. Helen
(Honorary Member)
Westport

*Mead, Miss Ivie M.
170 Ridge Road
Wethersfield

Ryan, Stetson K.
Board of Education of the Blind
State Office Building
Hartford

Strickland, Miss Helen A.
44 Perkins Avenue
Norwich

DELAWARE

*Durnall, Mrs. Ruth T.
102 South New Street
Dover

*Mauldin, Mrs. Marion
506 Delamore Place
Wilmington

DISTRICT OF COLUMBIA

*Fitton, Miss Cora
Columbia Polytechnic Institute for the Blind
1808 H Street, N. W.
Washington

‡Deceased

MARYLAND

*Johannesen, Neil C.
Maryland Workshop for the Blind
601 North Fulton Avenue
Baltimore

MASSACHUSETTS

Allen, Dr. Edward E.
Director Emeritus
Perkins Institution
1737 Cambridge St.,
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Cambridge

Bramhall, Robert I.
National Braille Press
54 Hope Street
Hopedale

*Curran, Miss Mary I.
104 Coburn Avenue
Worcester

*Duquette, Miss Irene
30 Hemenway Street
Suite 20
Boston

Gleason, Mrs. Cora L.
(Honorary Member)
37 Fifield Street
Watertown

Hayden, Miss Ruth R.
Tewksbury State Infirmary
Tewksbury

*Noonan, Miss Loretta
86 Grafton Avenue
East Milton

*Parker, Miss Ethel I.
57 Bradford Street
Lawrence

‡*Roberts, Mrs. Mary E.
56 Ripley Street
Newton Center

*Schuerer, Edward
739 Sumner Street
Springfield

*Stevens, Mrs. Gladys B.
85 East Bacon Street
Plainville

*Thompson, Miss Mary A.
66 East Street
Melrose

NEW HAMPSHIRE

Herrick, Mrs. Frances W.
Antrim

Newing, Charlotte N.
661 Pine Street
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*Dellett, Miss Izetta
401 Thirteenth Avenue
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*Hayes, Miss Lydia Y.
Pleasant View, Box 11
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183 Congress Street
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*Johnson, Miss Bertha M.
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Leach, Ernest
R. F. D. No. 3
Paterson

*Leonard, Miss Mary M.
11 Jefferson Avenue
Elizabeth

*Lybrand, Miss Christina T.
112 North Warren Street
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*Meyer, George F.
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1060 Broad Street
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*Moses, Miss Annie Rose
25 Somerset Street
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*Springer, Miss Mary A.
140 Chancellor Avenue
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*Voorhees, Arthur
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NEW YORK

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111 East 59th Street
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Genovino, Miss Virginia
Matilda Zeigler Magazine
Monsey

Goldthwaite, Miss Lucy A. (Honorary Member)
Library for the Blind
137 West 25th Street
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Graessner, Miss Martha K.
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111 East 59th Street
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Harum, Miss Josephine
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Harper, Miss Grace S.
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Held, Miss Marian
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Holmes, Walter G.
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15 West 16th Street
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172 East 96th Street
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Loomis, Miss Madeleine S.
Teachers College, Columbia University
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*Cherlin, Miss Mary
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